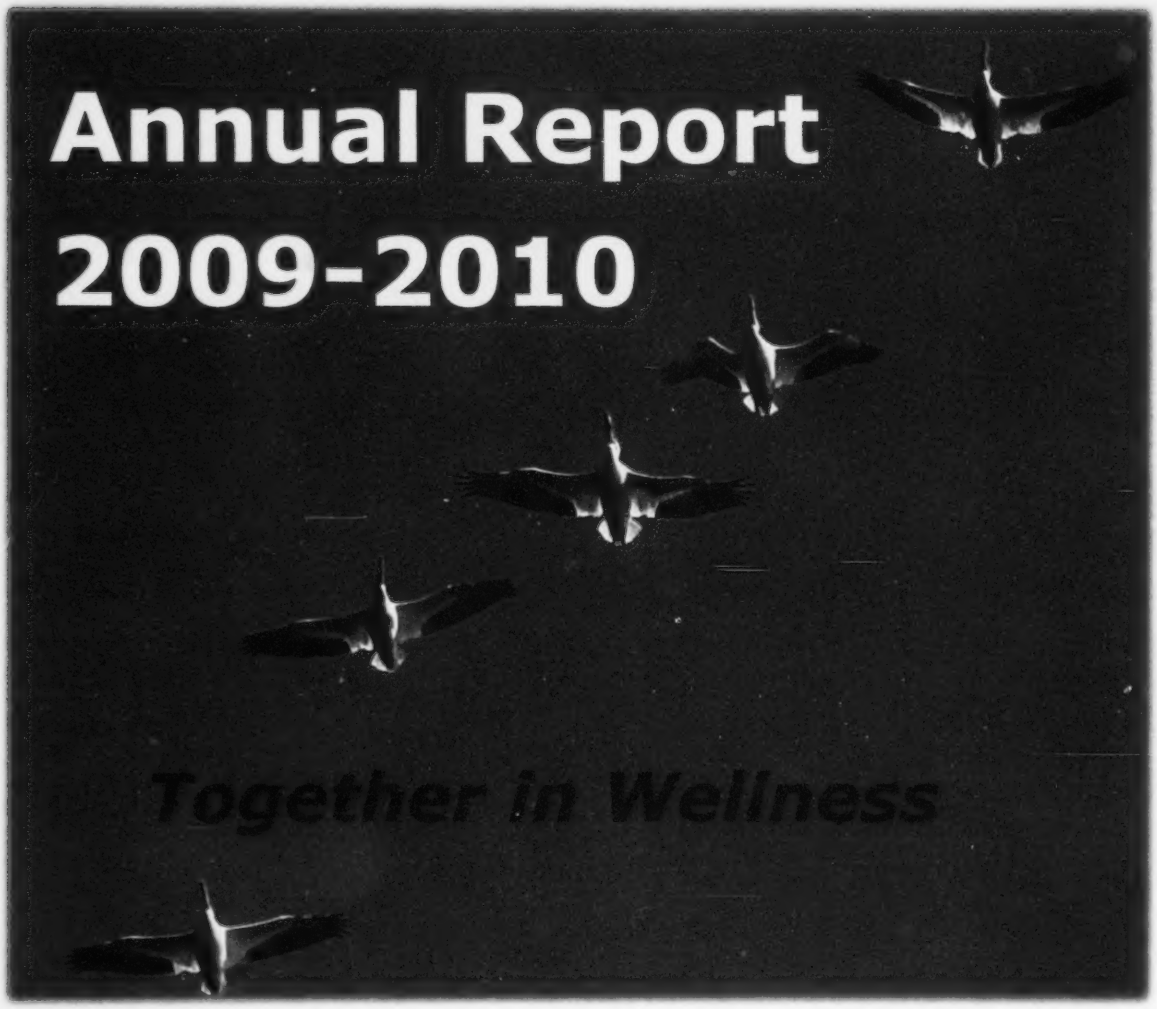
Mamawetan Churchill River Health Region



www.mcrrha.sk.ca

2009 Population: 22,766

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The electronic version of this annual report may be found at:
www.mcrrha.sk.ca

Cover Photo by Annette McCann

Letter of Transmittal

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

Box 6000
La Ronge, SK
S0J 1L0

Joe.Hordyski@mcrrha.sk.ca
Phone: (306) 425-2422
Fax: (306) 425-5432

To the Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2009-10 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2010.

Respectfully submitted,

Joe Hordyski, Chairperson
Mamawetan Churchill River Regional Health Authority

Who We Are

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Health Region works collaboratively with the Ministry of Health and with other partners to support the more than 22,750 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

MCRRHA Mission, Vision and Values:

The Mission, Vision and Values statement adopted in February, 2009 guides the work of the staff in the region.

Mission

Working together in wellness to promote, enhance and maintain quality of life.

External Vision

Vibrant and diverse communities, rich in northern heritage, tradition and culture.

Internal Vision

A safe, respectful environment of teamwork, learning, and continuous quality improvement, representative of the communities we serve.

Values ~ WE ACT *Together*

Wholistic Approach: Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.

Equity: Social justice through fair and equitable access to health services for all people.

Accountability: Having the courage to do what is right, guided by honesty, transparency, and responsibility to our stakeholders.

Competence: A commitment to the continual pursuit of excellence through gaining knowledge, implementing research based best practice guidelines and standards within an ethical framework.

Trust: Built upon respect and valuing the unique worth of each individual in our relationships, decisions and actions.

Team Approach: Working together through cooperation and recognizing each other's contributions to achieve a common goal.

Service Philosophy:

We believe that:

- All cultures, values and beliefs are meaningful and should be acknowledged (this includes cultural and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of individual's mental, physical, social, spiritual and emotional well being.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

Strategic Directions

The Ministry of Health sets out the strategic directions and goals for the health sector. These were expressed in the 2009-10 Accountability Document for the health region as follows:

1.0 Health of the Individual

1.1 The health system and its employees/providers are focused on providing exceptional care and service to its customers that is consistent with both best practice and customer expectations.

1.2 People have timely access to evidence-based and quality health services and supports.

1.3 The system works to continuously improve health care safety.

2.0 Providers

2.1 Health service providers have a personal commitment and ownership in creating and working in a caring and high performance environment.

2.2 The health sector has a highly-skilled, professional and diverse workforce with a sufficient number and mix of service providers.

3.0 Sustainability

3.1 There is a strategic and operational alignment of priorities within the health system and with the goals and priorities of Government.

3.2 The health system has the required operating resources, equipment, capital and electronic infrastructure.

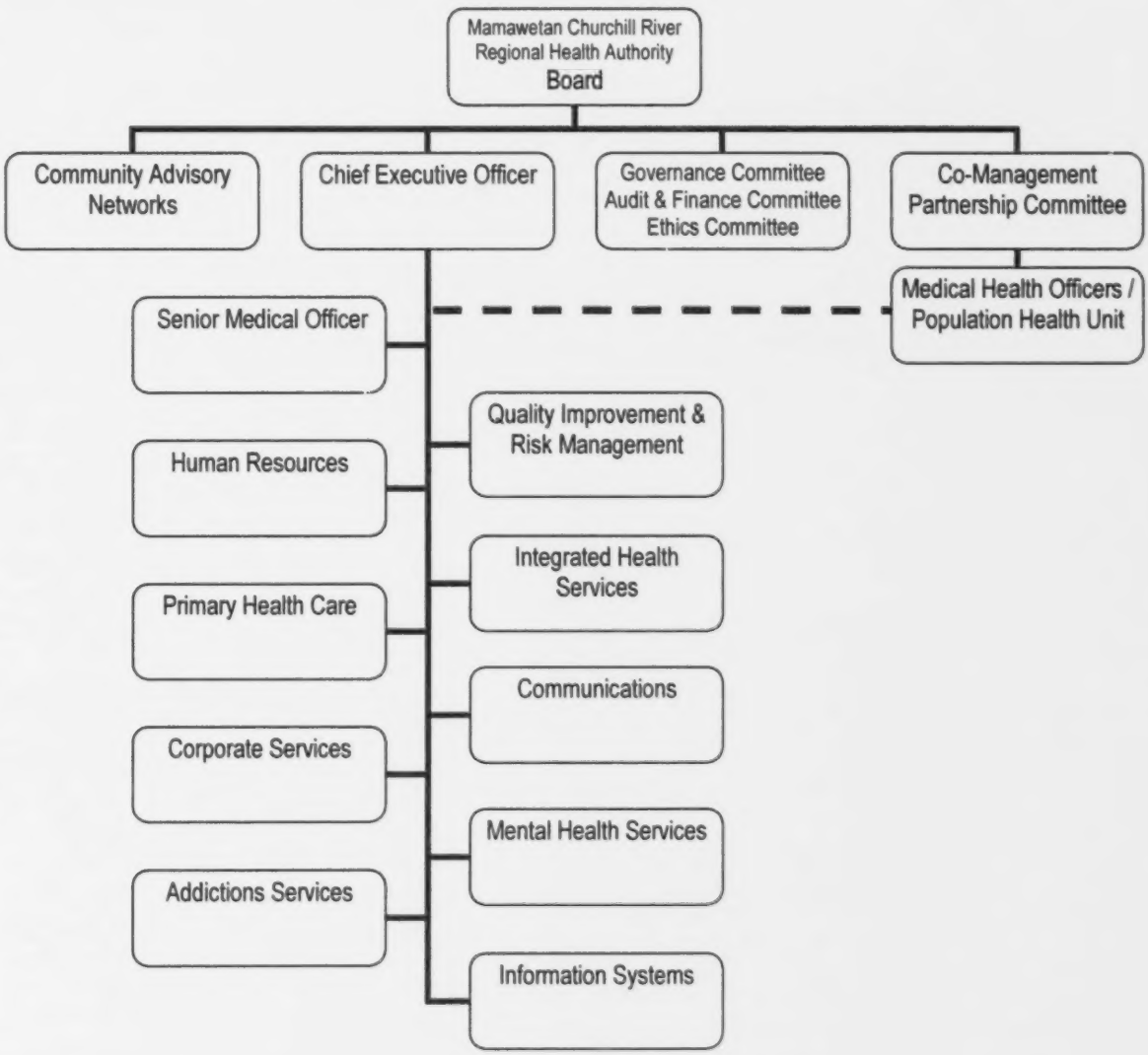
4.0 Health of the Population

4.1 Health promotion/protection and disease prevention initiatives improve the health of the population and reduce disparities.

The region is working to align its three year Strategic Plan with the provincial strategic directions.

Organizational Chart:

The Mamawetan Churchill River Health Region is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions.



The Executive Team is made up of the Chief Executive Officer, Kathy Chisholm, and the Directors reporting directly to her including the Senior Medical Officer. The Leadership Group is made up of the Chief Executive Officer and those reporting directly to her, along with the Community Health Managers in Creighton, Pinehouse, and Sandy Bay, as well as the Director of Nursing, Director of Facilities and Operations, Manager of Health Promotion, Employee and Patient Safety Coordinator, Employee Benefits & Disability Management Coordinator, Representative Workforce Coordinator, Finance Coordinator, Manager of Environmental Health and Executive Assistant. Over 300 full-time, part-time and casual employees work for the health region.

Health Care Organizations & Other Third Party Relationships:

In order to achieve its mandate, the Mamawetan Churchill River Health Region is engaged in a number of partnerships. For an extensive list, please refer to Appendix A. Of particular note, are the following:

♦ CADAC, the Creighton Alcohol and Drug Abuse Council, provides outpatient addictions prevention and recovery services for adults and youth in the Creighton/Denare Beach area. These include:

- Initiation and continuation of the motivational assessment process for purposes of developing client-centered recovery planning;
- Transition program with intensive education appropriate to the client's needs (either in group or one to one);
- Programming for clients in the stabilization stage or early recovery stage (either in group or one to one);
- Making appropriate client referrals when it is in the best interest of the client's care plan;
- Case management with other agencies;
- Relapse prevention education (either in group or one on one);
- Educational and therapeutic materials for clients and the public;
- Providing screening, assessment and counselling services to clients involved in the Safe Driving Program and the Impaired Driver Treatment Program (IDTP);
- Maintenance of positive public relations including liaison with self-help groups and community leadership;
- Health Promotion and Prevention Strategies, which could include programs, presentations and participation in Drug Awareness Week;
- Participation in community action plans that are relevant to addiction issues such as Community Interagency meetings and Community Health Committee meetings;
- Clinical Gambling Services for problem gamblers and their families;
- Outreach services to the local schools of Creighton and Flin Flon.

♦ The region contracts with the following to provide Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., and NOR-MAN RHA (Flin Flon General Hospital Ambulance Service).

♦ North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by the region. It is a contracted service, reviewed and renewed annually, and accountability is through a standardized contract which requires audited financial statements and an annual report. The Director of Mental Health Services is responsible for the contract and meets regularly with the Executive Director of NSN to review services and quarterly financial statements.

♦ The region is the accountable partner for the Northern Health Strategy and administers the funding for the Northern Human Services Partnership (NRIC).

Programs & Services:
The programs and services provided by the Mamawetan Churchill River Health Region are designed to respond to the changing needs of our clients.

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region living not only in La Ronge, but in many northern communities. The acute care unit is staffed by well trained registered nurses and licensed practical nurses, several of whom have worked in this community for over 25 years. Attending physicians are staffed through Northern Medical Services.

Emergency/Outpatients

The emergency department at the La Ronge Health Centre is open 24 hours a day for people who require urgent or emergency care.

Inpatient Beds

The La Ronge Health Centre has 18 acute care beds, including one observation bed for patients whose condition warrants close monitoring and 4 short stay beds for those patients who require nursing and medical care for less than 24 hours, but who do not need admission to acute care.

Laboratory, X-Ray & Ultrasound

There is a laboratory, x-ray and ultrasound department staffed by highly qualified and well experienced technicians. These departments also serve the outlying communities by providing diagnostic services to the people living throughout the central area of the region.

Labour and Delivery

Mothers choosing to deliver their babies in La Ronge are encouraged to do so providing their physician feels it is safe and appropriate. There are approximately 100 deliveries annually.

As a partner in the Kids First North initiative, the region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Physiotherapy

Physiotherapy services are provided by a full-time physiotherapist, based in La Ronge.

Podiatry (Foot Health)

Foot health and podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly for 3 days. He is assisted by a nurse who provides care and follow-up between visits. This service is available to all residents of the region. Communities that have home care services also benefit from regular foot care clinics conducted by home care staff.

Physician Services

In La Ronge, physician staffing is facilitated through Northern Medical Services. At the La Ronge Health Centre, physicians provide inpatient services (including obstetrics), emergency room coverage, care for long term care patients, and perform pre-booked outpatient procedures.

On weekdays, the physician group offers medical services at the La Ronge Medical Clinic for scheduled appointments and minor emergencies. In addition, physicians travel regularly to

Stanley Mission, Pinehouse, Southend and Wollaston offering patient care to clients in these communities. In 2009, 386 outpost clinics were performed by the La Ronge physician group.

The La Ronge physicians are actively involved in training residents, interns, nurse practitioners, and medical students. They commit time to administrative duties for the region, University of Saskatchewan, and provincial committees. This past year they were a pilot project site for the Primary Health Care electronic medical records launch.

Specialist services are also made available in La Ronge in the areas of psychiatry, pediatrics, obstetrics, gynecology, nephrology, orthopedics, general surgery, ophthalmology, and otolaryngology. The visiting specialists hold clinics in the La Ronge Medical Clinic and La Ronge Health Centre.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Primary Care/Public Health

Community Health Educators

Community Health Educators are local workers who work with other health care providers to deliver services and programs, and assist individuals and families to access the services and programs they require. Community Health Educators are located in La Ronge, Pinehouse and Sandy Bay.

Dental Services

The Children's Dental Program delivers dental health education and prevention, diagnostic and limited restorative dental services for all preschoolers and children attending provincial schools up to age 16 years. The main focus of the Dental Program is on prevention activities such as the school fluoride mouth rinse programs, preschool screening and fluoride varnish programs, as well as sealants for permanent molars. Individual dental care is performed by registered Dental Therapists and Certified Dental Assistants or Dental Aides and a licensed Dentist in Health Region school-based dental clinics. Dental Clinics are located at the La Ronge Health Centre, Pre Cam Community School in La Ronge, Gordon Denny Community School in Air Ronge, Minahik Waskahigan Elementary School in Pinehouse, Creighton Community School, Hector Thiboutot Community School in Sandy Bay, and the Weyakwin Health Centre.

Visiting dentist services for adults and children were introduced at the La Ronge Health Centre in January, 2010 through a contract with the Centre for Community Oral Health of the University of Manitoba, Faculty of Dentistry. This arrangement complements dentist services already provided in the community. Services provided to clients through this contract are paid for through their individual or group insurance plans or through direct billing of the clients themselves.

Diabetes Nurse Educator

Two Diabetes Nurse Educators work with a multidisciplinary team that may include a physician, diabetes nurse educator, dietitian, pharmacist, community health educator, and other health care workers to provide services to individuals and families living with diabetes. The team provides education (both individual and group) for knowledge and skills needed to manage diabetes and prevent complications, and offers ongoing follow-up as needed. One is

based in La Ronge and provides service to La Ronge, Air Ronge, Pinehouse and Weyakwin, while the other is based in Creighton and provides service to Sandy Bay and Creighton.

Dietitian

The community dietitian provides a variety of services to the communities of La Ronge, Air Ronge, Pinehouse, and Sandy Bay. Examples of these services include: diabetes education, nutrition and lifestyle counselling, support for nutrition and healthy living programs and initiatives, consultations to food service providers, as well as education and partnerships with various community groups and schools.

Health Centres/Clinics

Primary Care is available at the Health Centres in Pinehouse and Sandy Bay. These are staffed by nurse practitioners, registered nurses and licensed practical nurses, with doctors visiting on a regular basis. In La Ronge, a nurse practitioner works in cooperation with the physicians at the La Ronge Medical Clinic. Residents in the Creighton area can receive primary care through the NOR-MAN Health Region in Flin Flon, Manitoba.

Health Promotion

Health Educators offer information and activities that will assist Northerners to make choices that will help them to achieve a healthier lifestyle. This includes education that will help in prevention of substance abuse, achievement of mental well being, healthy eating, smoking cessation, healthy pregnancies and active lifestyles.

Immunizations

Public Health Nurses offer a variety of immunization services including:

- Child Health Clinics
- School Health Immunizations
- Influenza Vaccination Clinics
- International Travel Immunizations
- Staff Immunizations
- Adult immunizations

Needle Exchange Program

Public Health Nurses in La Ronge offer a needle exchange program for clients who require discreet and confidential provision of clean intravenous supplies as well as information, education and services to enhance personal safety.

Pre and Post Natal Care

Public Health Nurses offer one-on-one prenatal counselling and referrals as appropriate. In La Ronge, group prenatal classes are offered, as well, and a Breastfeeding Support Group meets once a month.

All postpartum clients are followed up upon discharge from hospital. Visits include assessing the growth and development of the baby, education, support, and referral where necessary.

Sexual Wellness

A Health Educator works in partnership with Northern Lights School Division teachers to offer education, information and skills training to students about all aspects of human sexuality.

Tobacco Reduction

Subsequent to a review of population health status data on tobacco use and the need to develop programming around tobacco reduction and cessation support, the role of the Gambling Extension Health Educator expanded and the position title changed to Tobacco Reduction Coordinator. Although the coordinator still receives and shares gambling prevention resources, the focus of the position is on the development of a tobacco reduction workplan and implementation of associated health education and health promotion activities.

Continuing Care/Long Term Care

Continuing care services are coordinated through the single point of entry service provided by the client care coordinator of La Ronge Home Care. A strong volunteer program is crucial to ensuring our social wellness, meals and activity programs are successful.

Adult Day Program

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

Home Care

Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin. Services provided are based on standardized assessments. Home health aides may assist the client with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. There is a charge for some home care services. Home care nurses provide care and monitoring of clients requiring this care.

Meals on Wheels services are offered in La Ronge, Sandy Bay and Weyakwin.

In La Ronge, supportive care is provided along a coordinated continuum of services from home care, meals on wheels, wheels to meals, adult day program, social health, respite and residential care.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. Residents participate in a variety of social activities including baking, gardening, crafts and church services. They are assisted to return to their home communities for visits and to participate in short outings or go to other facilities for special rehabilitation care.

Respite Care

In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time.

Addictions & Mental Health

Addictions Counselling

In La Ronge, adult services are provided on a one-to-one and group counselling basis. A three week cycle of adult group programming is delivered every month. Other services available are: a) SGI screening; b) New Beginnings, a program targeting women of child-bearing years in order to reduce the number of alcohol affected births in our Health Region; c) community and school presentations; and d) referrals to other treatment centres.

Youth services are provided out of the Kikinahk Friendship Centre in La Ronge. These services include one-to-one counselling, an addictions education program and an outpatient day program.

In Pinehouse and Sandy Bay, adult and youth services are provided on a one-to-one counselling basis. Other services available are: a) SGI screening; b) community and school presentations; and c) referrals to other treatment centres.

In Creighton, addictions prevention and treatment services are available through the Creighton Alcohol and Drug Abuse Council (CADAC).

Detoxification

The Social Detox unit at the La Ronge Health Centre has eight beds available to assist clients (those who have no medical detox requirements) to safely complete their withdrawal from alcohol and drugs. Inpatient beds are provided for clients to attend group programming and one-to-one counselling.

Community Support

This program, operated out of North Sask Special Needs, Housing, Employment, Recreation, Inc. in La Ronge, provides community outreach services to persons struggling with addictions.

Mental Health Counselling

The Mental Health Program provides education, support and counselling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well being. These services are provided by staff in Creighton, La Ronge, Pinehouse and Sandy Bay. In addition to regular counseling services for children, we provide play therapy activities.

The Mamawetan Churchill River Health Region receives funding from the Ministry of Justice to deliver a Children Exposed to Violence program. This funding supports a half-time Social Work position to provide these services to residents of La Ronge and surrounding area. The region also has a Kids First North contract to deliver Mental Health and Addictions services to KFN families in La Ronge, Pinehouse and Sandy Bay.

Telehealth

Telehealth is a means of delivering health care services and education through interactive video, audio and computer technologies. Telehealth enhances the ability to provide patient care, regardless of geographic location. Our region currently has four Telehealth sites: La Ronge, Pinehouse, Sandy Bay and Creighton.

Population Health

The Population Health Unit (PHU) provides public health and population health services to the three northern health authorities (Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority) under a Co-Management Agreement.

The Population Health Unit includes Medical Health Officers; Communicable Disease/Immunization Nurse; Dental Health Educator; Environmental Health Manager and staff; Infection Prevention and Control Coordinator; Nurse Epidemiologist; Public Health Nurse Specialist; Public Health Nutritionist; Director and Support Staff. A Prenatal Nutrition Coordinator and Population Health Promotion Coordinator provided additional service on a temporary basis in 2009-10.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Legislated mandate under the Public Health Act (2004) and regulations;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

Quality of Care

The Quality Improvement and Risk Management program is responsible for client concern handling, coordination of regional accreditation activities, investigation of critical incidents, and employee and patient safety coordination. This program also provides facilitation, coordination, education and/or policy development assistance for areas related to regional occupational health and safety, infection control, risk management, privacy, measurement, customer service expectations, required organizational practices, issue alerts and other quality improvement initiatives. Program staff are also involved in various regional and provincial initiatives such as Quality as a Business Strategy, LEAN, and Productive Leader™.

ACCREDITATION CANADA
AGRÉMENT CANADA
Mamawetan Churchill River Health Region
La Ronge
Congratulations on meeting national standards of excellence in quality care and service.
ACCREDITED • AGRÉÉ
2008-2011
Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.

Governance and Transparency

The Mamawetan Churchill River Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide within its health region and within any other area that may be directed by the Minister. In carrying out its responsibilities, the regional health authority shall:

- Assess the health needs of the persons to whom the regional health authority provides health services;
- Prepare and regularly update an operational plan for the provision of health services;
- Provide the health services that the minister determines that the regional health authority is to provide;
- Co-ordinate the health services it provides with those provided by other providers of health services;
- Evaluate the health services that it provides;
- Promote and encourage health and wellness; and
- Do any other things that the Minister may direct.

As stated in the Accountability Document, The Mamawetan Churchill River Regional Health Authority is expected to:

- comply with all legislation, regulations, contracts, policies and directives;
- comply with all Ministerial information requests; and
- provide a range of publicly acceptable services appropriate for the facility designation or community in which the service is provided.

Members of the Mamawetan Churchill River Regional Health Authority for 2009-10 included:

Joe Hordyski, La Ronge, Chairperson;
Ina Fietz Ray, Sandy Bay, Vice-Chairperson; (active until June, 2009)
Rosalie Tsannie-Burseth, Wollaston Lake (appointment revoked on October 14, 2009 by Order-in-Council);
Leon Charles, Grandmother's Bay;
Al Rivard, La Ronge;
Josie Searson, La Ronge;
Louise Wiens, La Ronge; and
Ron Woytowich, La Ronge.

The Mamawetan Churchill River Regional Health Authority Governing Bylaws were revised in January, 2010 and subsequently approved by the Minister of Health. In addition to holding public meetings, and meeting as the Committee of the Whole, as described under the *Regional Health Services Act*, the RHA has three committees of the Board: Governance, Audit and Finance, and Ethics.

Two RHA members serve on the Northern Health Leadership Working Group of the Northern Health Strategy. The Chair and Vice-Chair are also members of the Northern Health Authorities Co-management Partnership Committee. In addition, the Practitioner Liaison Council, the Northern Human Services Partnership, Saskatchewan Association of Healthcare Organizations Board, and the North Sask Laundry & Support Service, LTD Board include

representatives from the RHA. The Board Chair and two members of the RHA participate in the Health Quality Council initiative, Quality as a Business Strategy (QBS). They participate in provincial workshops, and meet as part of the regional QBS team.

In 2009-10, the RHA met nine times in La Ronge and once in Sandy Bay. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

Board members attended the Northern Health Strategy Forums on Community Development and Suicide Prevention in June, 2009. As part of its ongoing commitment to board development, the RHA members attended the SAHO Annual Conference, and the SAHO Annual General Meeting.

In October, 2009, Board members spent a weekend with the Executive Team developing the strategic plan for the next three years.

In 2009-10, the Mamawetan Churchill River Regional Health Authority met with the Health Board of the Lac La Ronge Indian Band to discuss areas of mutual interest.

Back row, l. to r. (names of Mamawetan Churchill River Health Region Board members **bolded**): **Leon Charles, Al Rivard**, Clifford McKenzie, Miles Ratt, Don Mirasty, **Ron Woytowich**;
Middle row: **Joe Hordyski, Josie Searson, Louise Wiens**, Georgina Halkett, Faye Charles
Front row: Kathy Chisholm, Chief Executive Officer, MCRHR, Mary Carlson, Director, Lac La Ronge Indian Band Health Services.

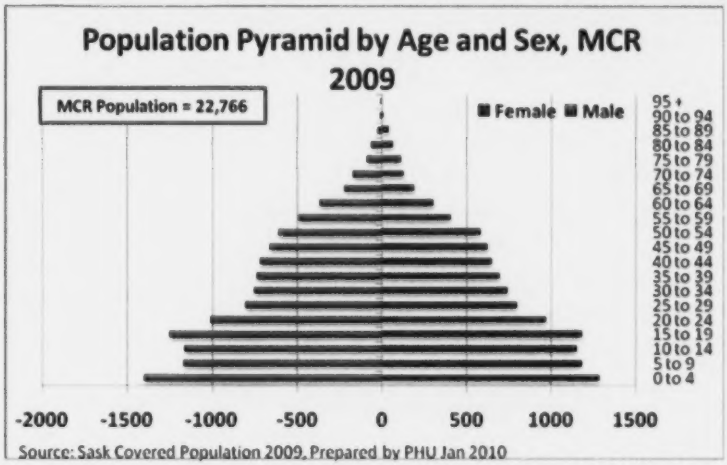
Community Advisory Networks:

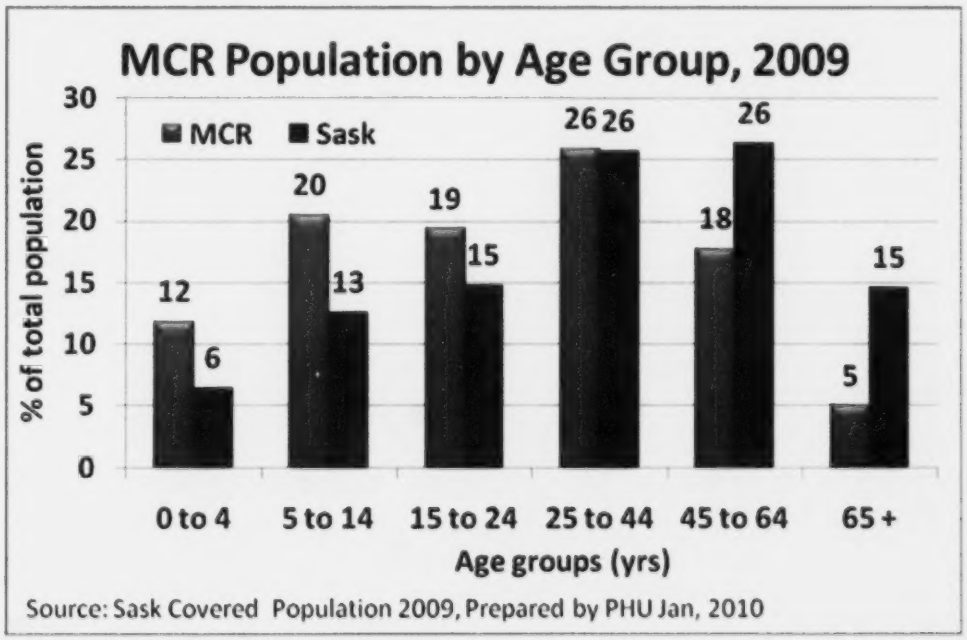
Community Advisory Networks are to consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues.

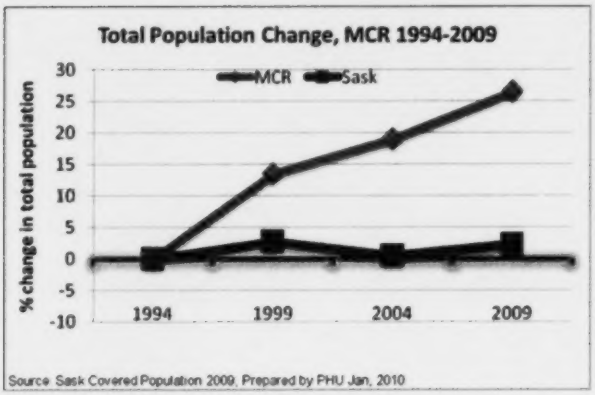
Using its revised Terms of Reference for Community Advisory Networks as a basis for discussion, the Board Chair, along with the Chief Executive Officer, met with the mayors, councils, and administrators in Creighton, Sandy Bay and Pinehouse to solicit their recommendations for appointment to Community Advisory Networks. Plans are underway to hold a similar meeting in the La Ronge area. It is expected that these will be active entities in 2010-11.

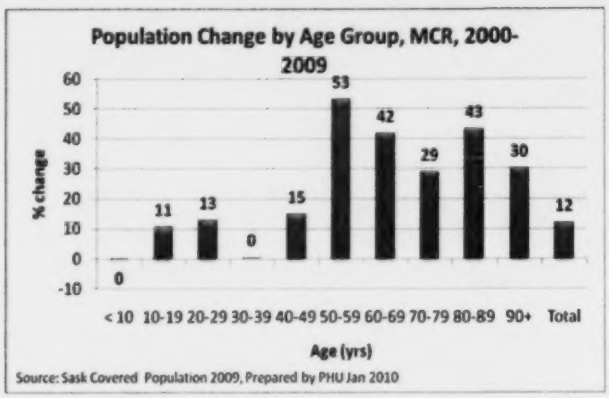
Our Region

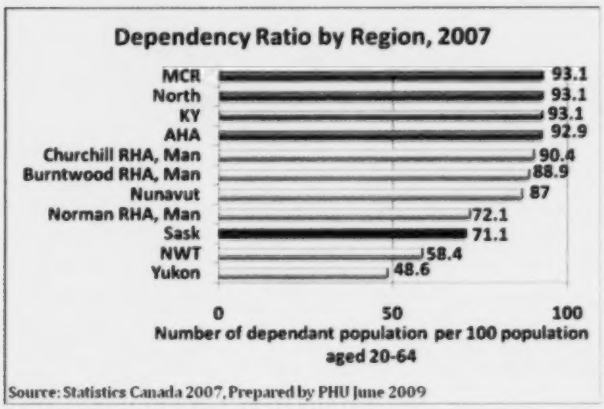
The Mamawetan Churchill River (MCR) Health Region continues to have a young, growing population. In 2009, 32% of the region's population was under 15 and only 5% were aged 65 or older. Saskatchewan had only 19% under 15 but 15% were aged 65 or older. The population grew from 18,010 in 1994 to 22,766 individuals in 2009. During the same time period the provincial population has remained at just over a million. The largest growth in the MCR population over the past 10 years occurred in 50+ age groups, while the < 10 and 30-39 yr old age groups changed the least. The changes in these age groups have implications on health needs and health service requirements. MCR, along with Keewatin Yatthé Health Region and the Athabasca Health Authority, has the highest 'dependency ratio' of all other health regions in Canada, comparing the number of youth under 20 and elders over 65 years of age with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas. In 2006, approximately half the MCR residents lived in First Nations communities (49% on-reserve, 51% off-reserve), compared to only 5% of the overall Saskatchewan population living in First Nations communities. MCR also has a high Aboriginal population with a high knowledge and use of Aboriginal languages.

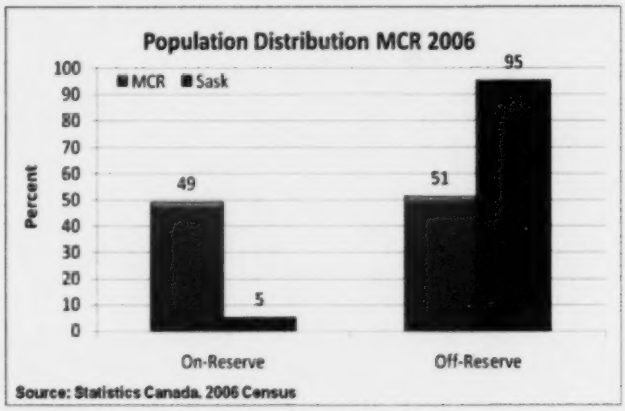




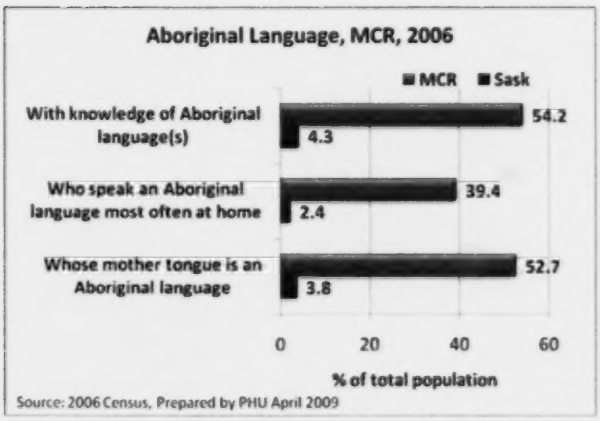


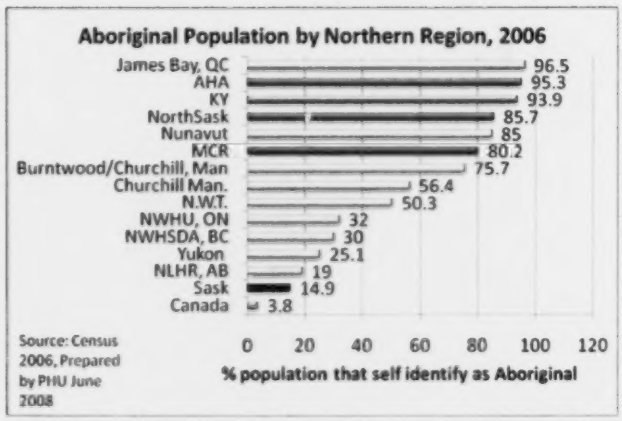






In 2006, half of the population in MCRHR was under 22.7 years of age, while 50% was under 38.7 years in Saskatchewan. (Census, 2006)

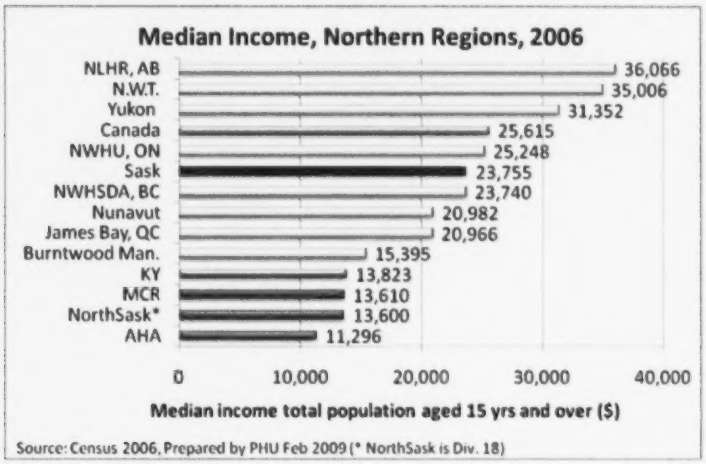


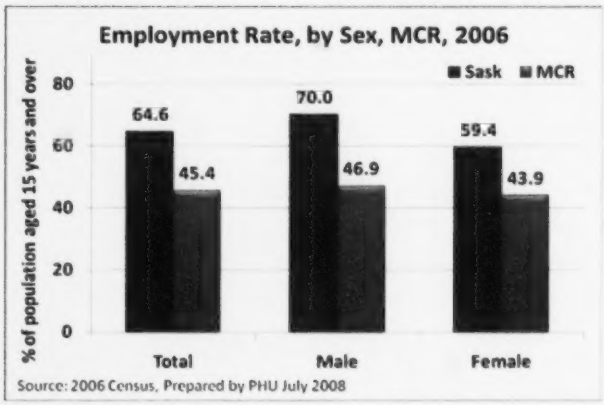


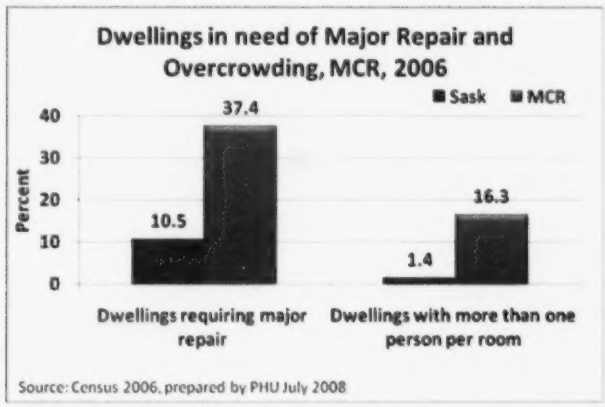
Non-medical (socio-economic) determinants of health

Over the past several decades the understanding of what determines our health has expanded. The initial emphasis on access to medical care and genetic predisposition has switched to a broader appreciation of factors that help determine the health of individuals and communities. These determinants of health include factors such as education, culture, income, and employment.

MCR has low employment and subsequent low personal income levels, as well as having higher rates of crowding, housing in need of major repair, and elevated food costs.



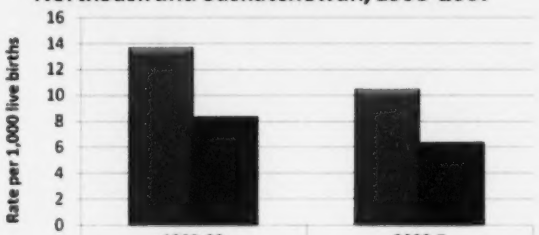




Health Status

The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. The infant mortality rate decreased in both Northern Saskatchewan and the province between the periods of 1993-99 and 2000-07. The northern rate remains 1.6 times the provincial rate. Increased funding and efforts aimed at reducing infant mortality in northern regions are focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.

Infant mortality rate, 7-8 yr averages, NorthSask and Saskatchewan, 1993-2007

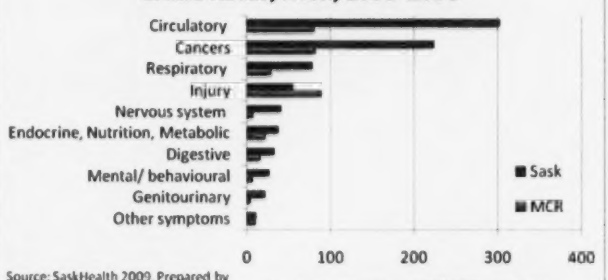


	1993-99	2000-7
North Sask	13.6	10.4
Sask	8.3	6.3

Source: SaskHealth, Prepared by PHU Nov 2009

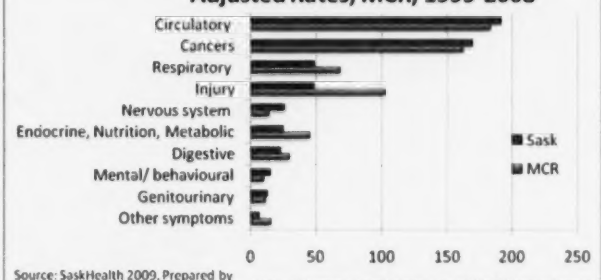
The leading causes of death in MCR (crude rate) between 1999 and 2008 were injuries, cancers, and circulatory diseases and in Saskatchewan, circulatory, cancer and respiratory diseases. To take into account the region's younger population, where injuries are more prevalent and chronic diseases are less prevalent, age-adjustments have to be made for a more accurate comparison of health risks with the whole province. This allows us to compare the risk of death from various causes between the populations as if the age structure was the same. The age-adjusted rates still show circulatory diseases, cancers, injuries and respiratory diseases as the 4 leading causes of death in the region, and now similar to the provincial rates, except for injuries, which is over twice the provincial rate.

Leading Causes of Death, 10 yr average Crude Rates, MCR, 1999-2008



Source: SaskHealth 2009, Prepared by PHU Jan 2010

Leading Causes of Death, 10 yr average Age-Adjusted Rates, MCR, 1999-2008



Source: SaskHealth 2009, Prepared by PHU Jan 2010

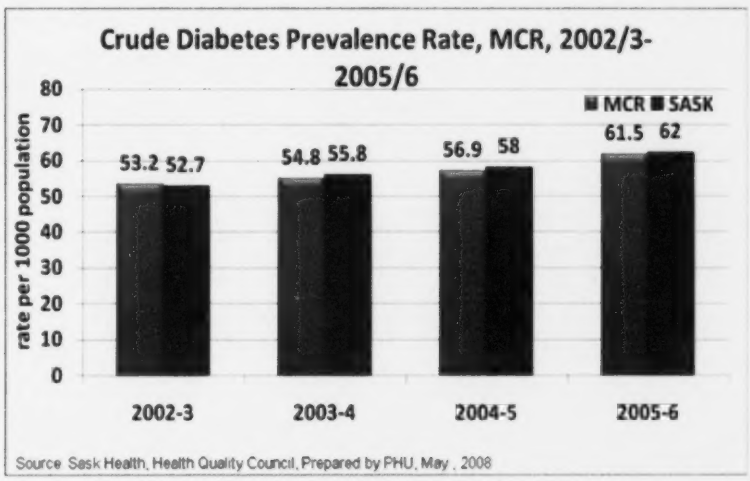
The leading causes of mortality in MCR between 1999 and 2008 were injuries and various chronic diseases, including circulatory diseases and cancers.

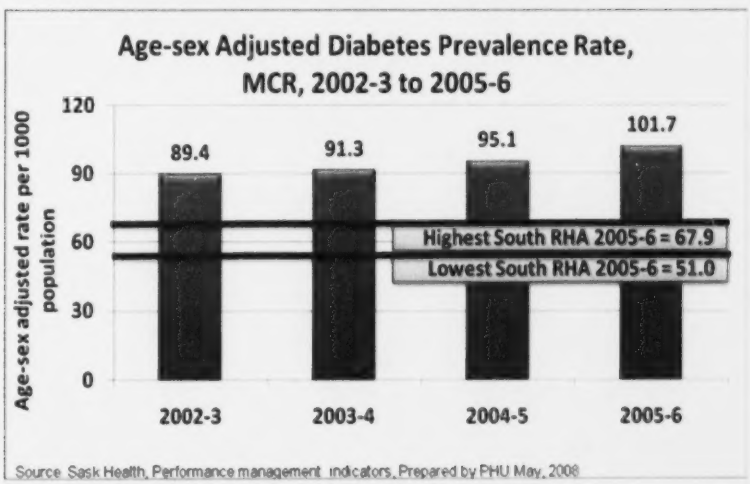
Chronic Diseases

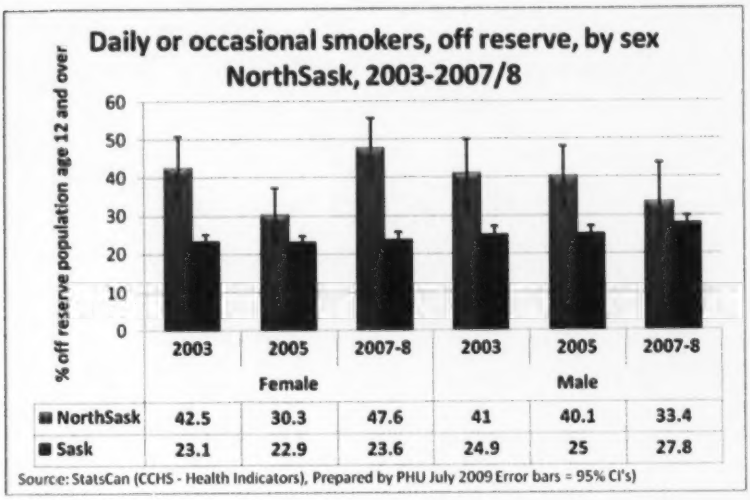
As chronic diseases are a leading cause of illness and death in the Mamawetan Churchill River Health Region, it is important to monitor their rates and the risk factors. Chronic diseases, including cardiovascular diseases, cancers, and diabetes, result from interactions between many factors, including the conditions themselves, individual genetics, health behaviours and socio-environmental influences. Some common modifiable risk factors include healthy weights, physical activity, and smoking. Regarding healthy weights, people who are classified as overweight have a BMI of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater.

Overall, we see high age-sex adjusted rates of diabetes in MCR indicating a greater overall risk of diabetes compared to the southern RHA's. Rates of daily or occasional smoking, as well as being overweight and/or obese are higher in northern Saskatchewan compared to the province. Physical activity levels are higher in the north compared to the province; however the northern rates have been declining faster than the provincial rates.

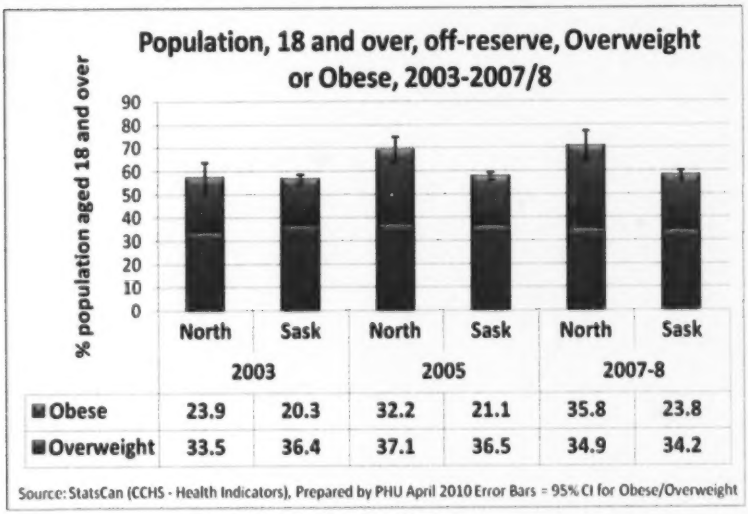
The northern health authorities collaborate on health promotion efforts through the Northern Healthy Communities Partnership to help northern residents to reduce their risks for chronic diseases.



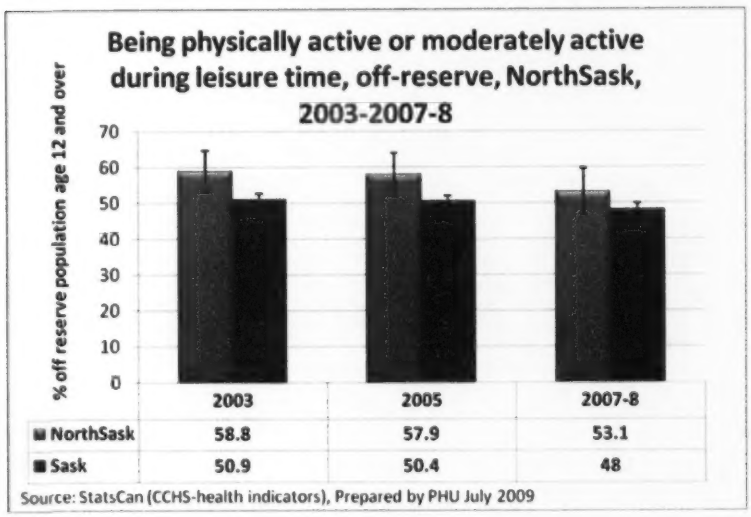




Source: StatsCan (CCHS - Health Indicators), Prepared by PHU July 2009 Error bars = 95% CI's)



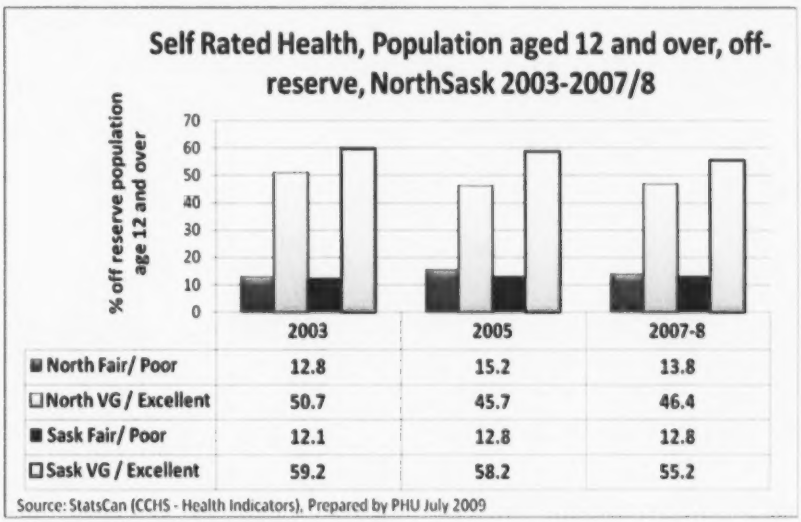
Source: StatsCan (CCHS - Health Indicators), Prepared by PHU April 2010 Error Bars = 95% CI for Obese/Overweight



Source: StatsCan (CCHS-health indicators), Prepared by PHU July 2009

Injuries

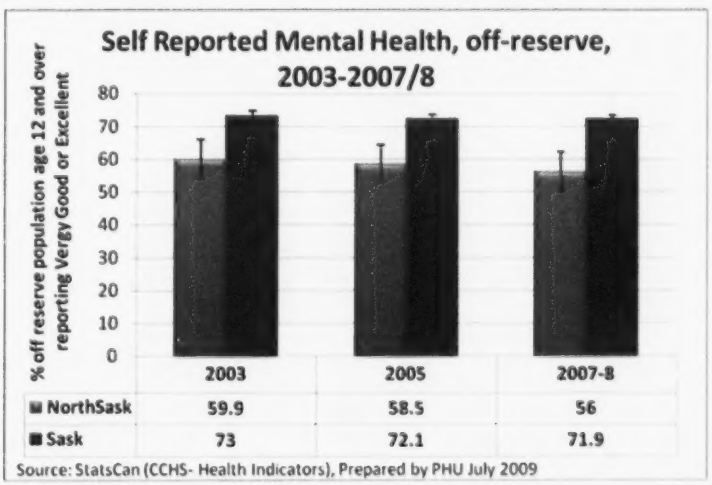
Between 1999 and 2008, injuries were the leading cause of mortality in the health region, with the age standardized rate being over twice the provincial rate. Injuries include intentional injuries such as suicides/self inflicted injuries, and assaults, as well as unintentional injuries such as transport accidents and falls. These specific causes of injuries can be related to overall mental well being and involvement in high risk behaviours. Self rated health measures are good indicators of overall health and mental health as they correspond with the individual's personal meaning of health. This personal meaning of health captures components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures cannot.



	2003	2005	2007-8
North Fair/ Poor	12.8	15.2	13.8
North VG / Excellent	50.7	45.7	46.4
Sask Fair/ Poor	12.1	12.8	12.8
Sask VG / Excellent	59.2	58.2	55.2

Source: StatsCan (CCHS - Health Indicators), Prepared by PHU July 2009

Between 2003 and 2007-08, rates of self reported very good/excellent health and mental health are lower in northern Saskatchewan compared to the province as a whole. After age adjustments have been made, hospitalization rates for the population aged 0-19 yrs between 1995-96 and 2006-07 are higher for all categories of injury in the north than in the whole province. Hospitalization rates from assaults and self inflicted injuries are 3.3 and 2.9 times higher in the north than in the province. The MCR suicide rate increased from 1999-2003 to 2004-08 and remains nearly 1.6 times higher than the provincial rate.

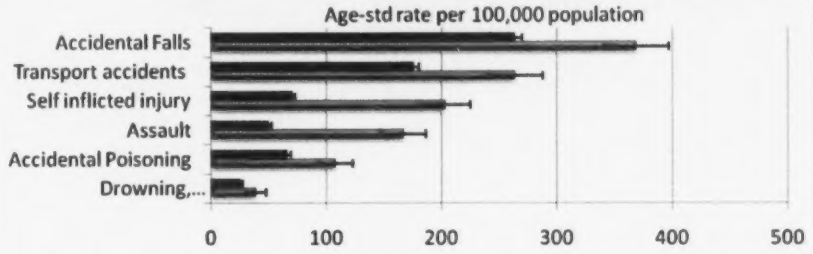


	2003	2005	2007-8
NorthSask	59.9	58.5	56
Sask	73	72.1	71.9

Source: StatsCan (CCHS- Health Indicators), Prepared by PHU July 2009

The northern health authorities collaborate on health promotion efforts through the Northern Healthy Communities Partnership to develop strategies to address including improved mental well being, decreased substance use, early childhood development and youth programming. The northern health authorities are also working with the Northern Human Services Partnership on north-wide suicide prevention.

Age-std Injury Hospitalization, Population < 20yrs, by selected causes, 12 yr average rate, 1995-6 to 2006-7



	Drowning, suffocation, & choking	Accidental Poisoning	Assault	Self inflicted injury	Transport accidents	Accidental Falls
Sask	25.57	66.05	50.37	70.41	175.76	264.02
North	38.55	107.69	166.40	203.39	263.92	369.02

Source: SaskHealth 2009, Prepared by PHU March 2010

Suicide Rate, 5yr average, MCR, 1999-2008

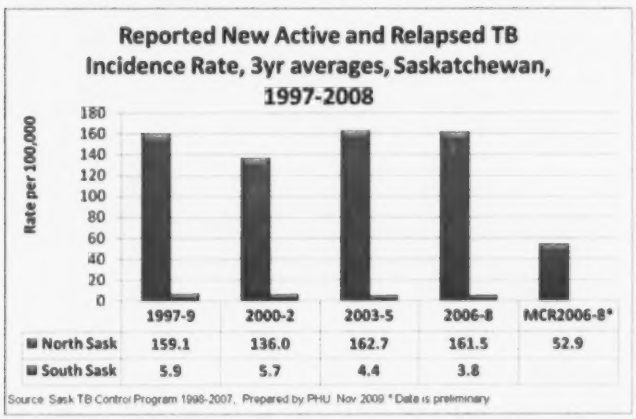
	1999-2003	2004-2008
MCR	15.9	18.3
Sask	10.5	11.3

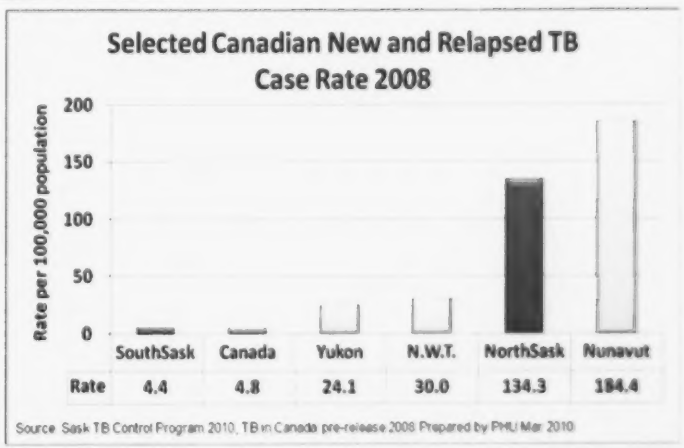
Source: SaskHealth (HSUR 2007-8), Prepared by PHU Dec, Apr 2010

Communicable Disease and Sexual Health

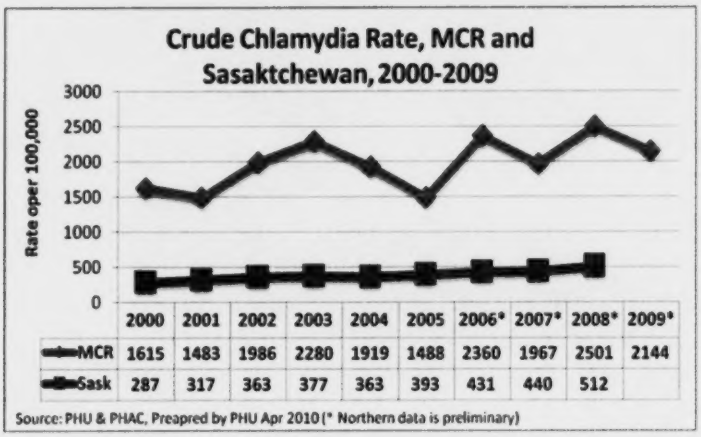
Many communicable diseases are reportable to the Medical Health Officer in each region including Hepatitis C, HIV, tuberculosis, MRSA, sexually transmitted infections such as Chlamydia, and a variety of others. Currently, many of these diseases have disproportionately high rates in northern Saskatchewan compared to the province as a whole. These infectious diseases, along with other indicators such as teen pregnancy, share some common risk factors, including high risk sexual behaviour, injection drug use, and poverty.

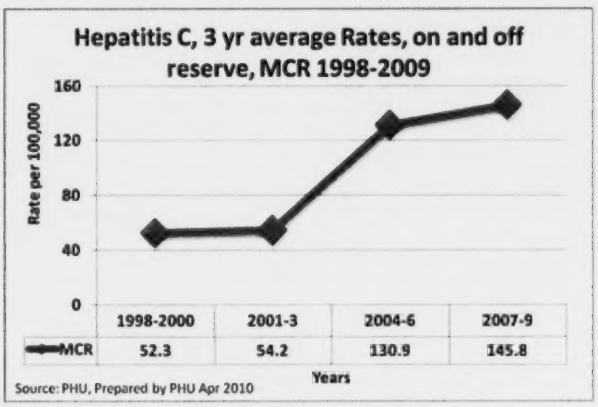
The rate of tuberculosis in northern Saskatchewan, including MCR, is exceedingly high. Between 1997 and 2008, the 3 year average rates in northern Saskatchewan increased from 27 to 42 times the southern Saskatchewan rates. In 2008, the North Sask rate was higher than any provincial or territorial rate, other than for Nunavut and about 28 times the Canadian rate. Using preliminary PHU data, the MCR Chlamydia crude rate increased from 2005 to 2009, and remains substantially higher than the provincial crude rate. The MCR 3-year average rate of Hepatitis C increased three-fold from 1998 to 2000 to 2007-09. In contrast, the national rate of Hepatitis C has decreased over the past decade. The 3 year average teen pregnancy rate in MCR is still 2.5 times the provincial rate. Methicillin-resistant Staphylococcus aureus (MRSA) is a Staphylococcus bacterium resistant to common antibiotics. MRSA seen in northern Saskatchewan usually results in infections ranging from boils and abscesses to severe bone or muscle infections, as well as severe pneumonias. MRSA rose from 2001 to 2006, after which the rate of MRSA has been decreasing.

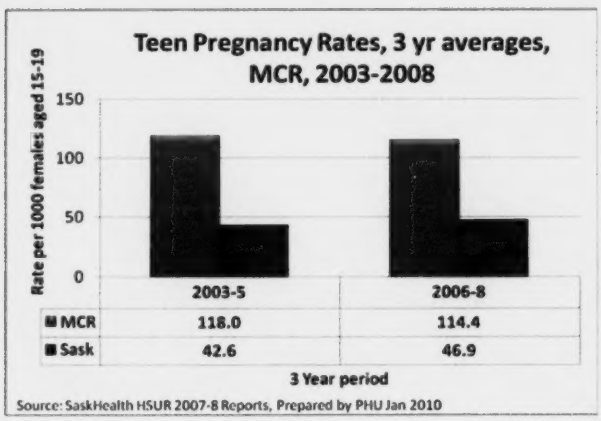


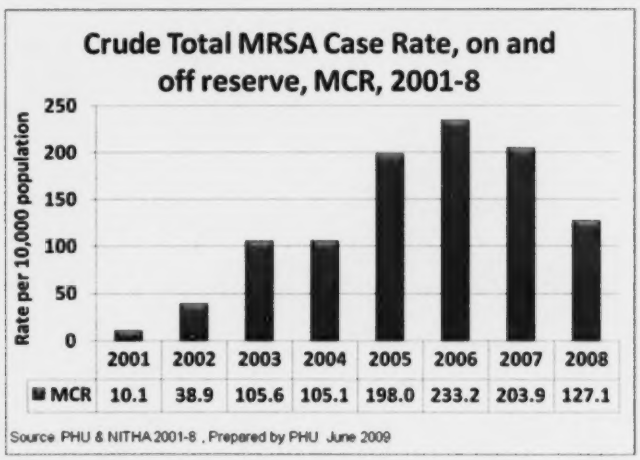


The health region is addressing these issues through sexual health education, a needle exchange program, community-based hygiene education and initiatives, as well as infection control strategies and the continued development of the northern HIV strategy.





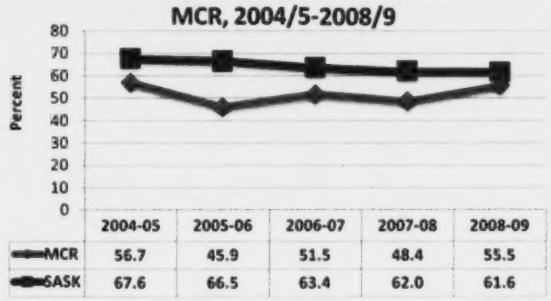




Several other programs in northern Saskatchewan aim to prevent the spread of infectious diseases in vulnerable populations. Seasonal influenza immunization programs help prevent outbreaks of influenza. Dental disease is caused by transmissible bacteria, the by-products of which dissolve the hard surfaces of susceptible teeth. The average number of decayed, extracted and filled primary teeth (deft) or decayed, missing and filled permanent teeth (DMFT) per client are good overall indicators of this process. This is addressed in the north through a children's oral health program.

The region's influenza coverage rate in the population aged 65 and over increased from 2007-08 to 2008-09 but remains below provincial values. The coverage rate amongst health region staff decreased between 2007-08 and 2008-09, remaining slightly above provincial values. Oral health indicators in MCR have remained constant for 5 and 6 year olds, and improved in 12 year olds to where they have now met Canadian goals of DMFT scores of 1.0 or less in those aged 12 years.

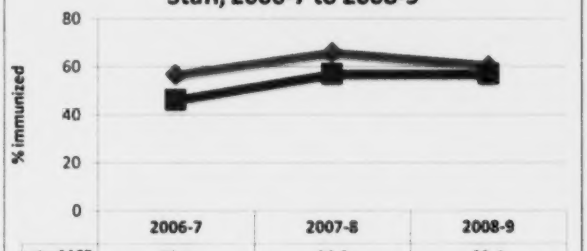
Population Aged 65 and Over, on and off reserve, receiving Influenza Immunization MCR, 2004/5-2008/9



	2004-05	2005-06	2006-07	2007-08	2008-09
MCR	56.7	45.9	51.5	48.4	55.5
SASK	67.6	66.5	63.4	62.0	61.6

Source: Sask Health (Manual counts), Prepared by PHU, Apr 2010

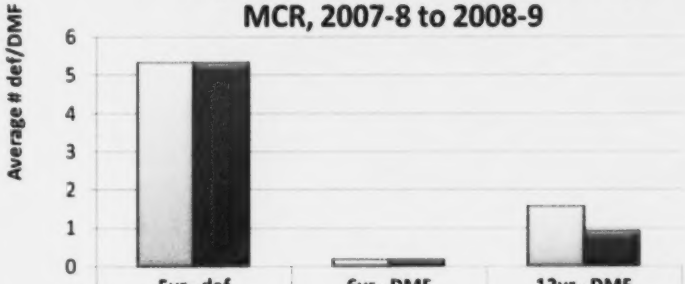
Influenza Vaccine Coverage Among MCR Staff, 2006-7 to 2008-9



	2006-7	2007-8	2008-9
MCR	56.7	66.0	60.4
Sask	46.2	57.0	57.0

Source: SaskHealth, Prepared by PHU Apr 2010

Average # of deft/DMFT by Age Group, MCR, 2007-8 to 2008-9

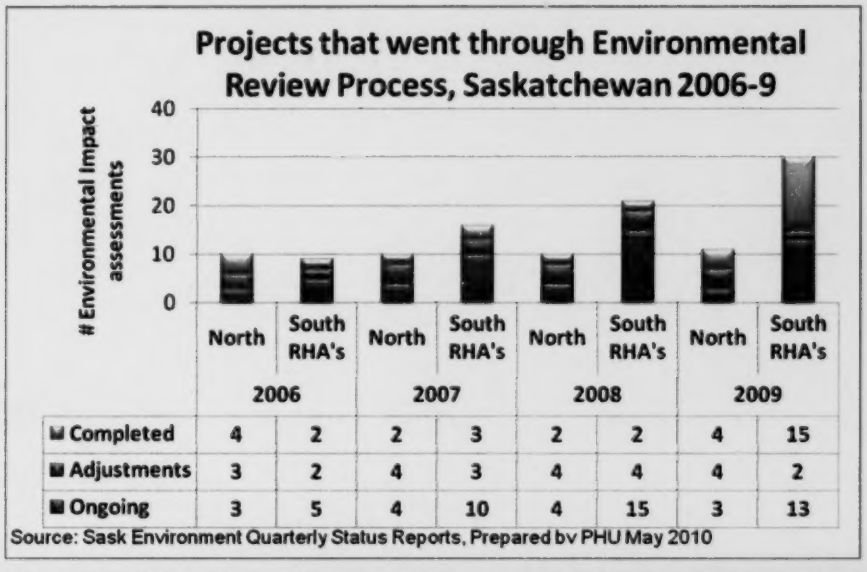


	5yr - def	6yr - DMF	12yr - DMF
2007-8	5.3	0.2	1.5
2008-9	5.3	0.2	0.9

Source: PHU, Prepared by PHU Apr 2010

Emerging Issues

There has been significant expansion in the mineral and uranium exploration in the north. This has significant potential ramifications as it relates to population changes, economic development, social health concerns and workload for our unit and the northern health authorities. Our Population Health Unit (PHU) was involved with the assessment, from a community health impact perspective, of approximately 10-11 projects a year between 2006 and 2009. In addition, each year, the PHU contributed to screening several proposals for projects that may be required to go through the EIA review process, as well as several human health risk assessments. So far in 2010 (until mid-May), the Unit has been involved in 13 projects that are at various stages of the EIA review process.



	2006 North	2006 South RHA's	2007 North	2007 South RHA's	2008 North	2008 South RHA's	2009 North	2009 South RHA's
Completed	4	2	2	3	2	2	4	15
Adjustments	3	2	4	3	4	4	4	2
Ongoing	3	5	4	10	4	15	3	13

Source: Sask Environment Quarterly Status Reports, Prepared by PHU May 2010

2009-10 Performance Results

The Mamawetan Churchill River Health Region, through the implementation of its operational and strategic plan, continued to address the health care needs of its residents during 2009-10. This was achieved through the region's program staff activities, through the region's participation in a co-management partnership agreement with the two other northern health authorities, and through involvement in a number of intersectoral initiatives.

Special Achievements

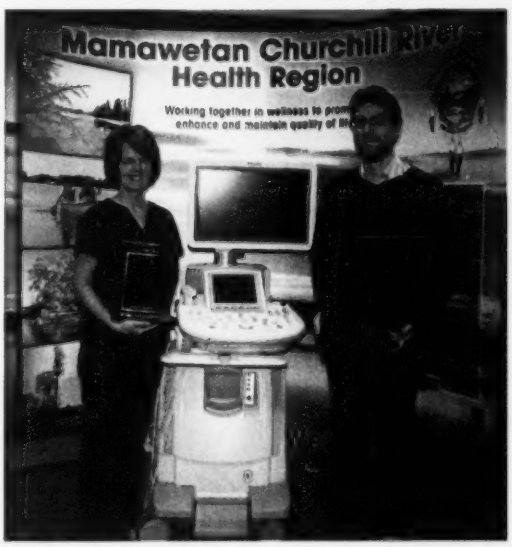
There were a number of achievements worthy of celebration during the year.

The *Babies, Books and Bonding* project of the Northern Healthy Communities Partnership was reviewed by the Saskatchewan Association of Healthcare Organizations, and awarded an honourable mention for a Green Ribbon Award. This is an early childhood literacy program across northern Saskatchewan that has operated since the fall of 2007 and involves all children aged 6 -18 months through child health clinics, living both on and off reserve.

At the June, 2009 conference of the Provincial Aboriginal Representative Workforce Council, the Mamawetan Churchill River Health Region was among those recognized as a "Pioneer Champion of Change" for its longstanding commitment to the Aboriginal Employment Development Partnership Agreement.

The Primary Health Care Registered Nursing Team was honoured with both the 2009 Saskatchewan Registered Nurses' Association Granger Campbell Award for Clinical Excellence, and a 2010 Saskatchewan Healthcare Excellence Award for Leadership.

New ultrasound equipment was purchased for the La Ronge Health Centre, thanks to the fundraising efforts lead by the La Ronge Elks Club. The support from Rawlco Radio and the Missinipi Broadcasting Corporation for a radiothon, and the generous contributions of many donors, means that residents from many communities in the region will now benefit from the state-of-the-art equipment. The total amount donated through the Elks for this purpose in 2009-10 was $183,383.



Physiotherapy services were previously provided in La Ronge by a visiting physiotherapist, and between visits, the treatment plans were carried out and supported by a therapy assistant. As of December, 2009, the region has a full-time, resident physiotherapist.

Pandemic Response

The spread of the H1N1 influenza virus required concentrated effort and resources to protect the residents of the North, who were considered at high risk for contracting the virus. Region staff worked closely with Ministry of Health officials and the Population Health Unit which provided leadership, support and specialized expertise in planning and implementing plans for mass immunization, infection control, clinical management, antiviral distribution, emergency preparedness, surveillance, and supply stockpiles. Staff also collaborated with First Nations health services. The three northern health authorities and the Northern Inter-Tribal Health Authority mounted an extensive joint information campaign on radio and in print, in English, Cree and Dene. The estimated coverage rate for the first dose of the H1N1 vaccine for the Mamawetan Churchill River Health Region was approximately 76%. This coverage rate includes immunizations given by both region and First Nations health services staff to individuals who live within the geographical boundaries of the health region.

Population Health Unit Role

The Population Health Unit is unique in that its services are provided to the three northern health authorities: The Athabasca Health Authority, the Keewatin Yatthé Health Region and the Mamawetan Churchill River Health Region. In 2009-10, it launched its own website. In addition to the important role it played in the pandemic response, some of the other initiatives the Population Health Unit included:

- Establishment of a coordinated north-wide Infection Control program, built on development work in the preceding three years; support in meeting accreditation ROPs in reprocessing and sterilization;
- North-wide needle exchange programs and spring needle cleanup;
- Planning for access to dentist services and oral health through the Northern Health Strategy;
- Organizing a northern Food Secure Saskatchewan Conference;
- Coordination of the Northern Healthy Community Partnership; organizing and implementing the 40 Developmental Assets Survey in Northern Lights School Division Schools;
- Health promotion efforts aimed at prenatal nutrition to reduce infant mortality rates;
- Review of increasing numbers of Environmental Impact Assessments and Project Proposals;
- Intensive involvement with the Creighton/Flin Flon Human Health Risk Assessment;
- Participation in planning processes for decommissioning and reclamation of mine sites; and
- Support for northern municipalities as they worked on their emergency plans.

Accreditation

Work on Accreditation standards and required organizational practices continues. Report deadlines and focused visit requirements are being met, and Accreditation Canada has recognized the progress that has been made to date. Accreditation is a cyclical process and self-assessments have already begun in preparation for the next survey in the spring of 2011.

Wellness Grants

Wellness Grants of up to $1,500 are available for community projects that focus on one or more of the following areas: mental well-being, decreased substance use and abuse, accessible nutritious foods, and active communities. These grants encourage community groups to view health in a wholistic way, and engage them in projects that are meaningful to them. An evaluation report ensures accountability. Following is a list of the organizations and projects that were awarded wellness grants in 2009-2010:

ORGANIZATION	COMMUNITY	PROJECT	AMOUNT
National Addictions Awareness Week Committee	Pinehouse	National Addictions Awareness Week Activities	$1500.00
La Ronge Children's Festival Committee	La Ronge/Air Ronge	La Ronge 5th Annual Children's Festival	$1500.00
Food Secure Saskatchewan	All	Northern Food Security Conference	$1500.00
Gary Tinker Federation for the Disabled	All	Building a Northern Disability Strategy	$1500.00
La Ronge Soccer Association	La Ronge/Air Ronge	Building Organized Soccer Community Capacity	$1500.00
Churchill Community High School	La Ronge/Air Ronge	CCHS Nutrition Education Program	$1500.00
Minahik Waskahigan School	Pinehouse	Functional Integrated Program	$1500.00
Pre-Cam Community School	La Ronge/Air Ronge	Pre-Cam Community Fitness	$1311.00
La Ronge and Area Music Festival Association	La Ronge/Air Ronge	22nd Annual La Ronge and Area Music Festival	$200.00
La Ronge Senior Citizens' Club Inc.	La Ronge/Air Ronge	Seniors Fitness Program	$1500.00
Northern Region Victims Services	La Ronge/Air Ronge	Every Victim Matters 2010	$1500.00
La Ronge and Area Anti-Bullying Committee	La Ronge/Air Ronge	La Ronge and Area 5th Annual Anti-Bullying Week	$1500.00
Churchill Learning Centre	La Ronge/Air Ronge	Victims of Crime Week Puppet Project	$1500.00

Addictions and Mental Health Services

Addictions and Mental Health Services work closely together to meet client needs.

In 2009-10, 361 adult addictions client files were opened. Of those, 279 were outpatients seeking counselling only; 82 were booked for the day treatment program. In the youth program, 60 client files were opened. Customer satisfaction surveys are being done regularly and indicate a high level of satisfaction with the services being delivered.

Between April 1, 2009 and March 31, 2010, there were 477 active mental health clients.

Community Support Program

From January to April 22, 2010, the North Sask Special Needs (NSN) Drop-In program in La Ronge has had 1,231 people come through its doors. They continue to provide services to individual clients, but have expanded their more informal style of services. They have partnered with the local Food Bank to offer a Hot Meal Program. They have arranged for visiting professionals (Primary Care Nurse, Nutritionist, etc) to provide services on site to this difficult to serve population. They look forward to continuing these services, adding others like a Clothing Depot, responding to requests from clients for informal group sessions, and expanding into a "street outreach" component. A challenge that continues is working towards the development of transitional housing, as well as looking at ways to meet the longer term housing needs of this population.

Incidents and Concerns

Medication incidents are the highest type of reported incident related to patient safety. Medication reconciliation on admission has been implemented across the region. Improvements continue to be made to the process.

The region is seeing more complex concerns from clients. These include multi-jurisdictional issues which require more time and resources to resolve.

Infrastructure/Capital Strategy

With the assistance of professional consultants, Croft Planning and Design, the Mamawetan Churchill River Health Region has prepared a Regional Infrastructure Requirements and Facilities Assessment Strategy (Infrastructure Strategy). The Infrastructure Strategy is based on determining community and individual health needs, trends and service requirements; service programs and locations; evaluating the existing facilities and their capacity for providing the required services; and, finally providing cost projections for renovations, expansion and, where necessary, construction of additional facilities.

The project delivery philosophy in developing infrastructure strategies is based on the following Health Planning Process Outcomes:

- Deliver the widest range of services as close to home as possible.
- Reduce waste.

- Improve access, efficiency and image.
- Optimal services supported by required technologies.
- Improved recruitment and retention of staff and physicians.
- Provide the right service in the right location in the Region.

The Infrastructure Strategy is an official document that will be used when evaluating capital investment, projected health care requirements and programs. The final document will be provided to the Board at their regular board meeting in June, 2010. The Board will provide a copy to the Ministry for future consideration.

The Mamawetan Churchill River Health Region has a representative on the Ministry of Health's Capital Working Group, with the objective of defining key issues and desired characteristics for the redesign of the capital planning process. When the Ministry of Health finalizes the process, the region will be utilizing their internal Infrastructure Strategy and the new capital process for new future capital planning and for any major renovations to the health facilities. In addition, the same representative is working collaboratively with Saskatchewan Property Management (SPM) to ensure infrastructure improvements are moving forward on all of the region's leased health facilities.

Dashboard Key Actions

The Accountability Document provided to the region by the Ministry of Health specified a number of key actions for the 2009-10 fiscal year. A number of these were selected by the Ministry for reporting in the Annual Report. Below is a discussion of the results for the relevant key actions.

Key Action 1.1.2.1
To develop, implement and publicly release by December 31, 2009, a Board approved plan for engaging the customer that includes clear service delivery expectations and region-specific targets for improved customer engagement and satisfaction.

Results
The Board approved a Customer Engagement and Service Expectations framework in December, 2009 and a news release was subsequently issued. Since that time, managers have met with staff to review the framework. It was also a major component of presentations delivered to staff by the Chief Executive Officer and Board Chair in February and March, 2010 in the communities of Creighton, La Ronge, Pinehouse and Sandy Bay. It is also included in the Orientation program for new staff. One of the initiatives of the framework is to ensure staff attend the *Service Best – Showing We Care* workshop. This workshop was offered in March, 2010 and 32 staff participated, in addition to the 28 staff who attended in 2008-09.

The Health Quality Council conducts a patient experience survey throughout the province to assess service in hospitals. Regrettably, the format for the survey is not conducive to getting a favourable completion rate of the surveys in the north, and no valid statistics are available for the La Ronge Health Centre.

However, the region is interested in obtaining feedback in more than just hospital services, so in 2009-10, it implemented customer satisfaction evaluation cards to gauge and monitor the percentage of clients who rate their services as excellent or exceptional. Developed in 2008-09, the cards are broken down into three customer service areas, namely: Your Care, Our Services, and Our Facility. The cards contain a total of 11 standard questions that are applicable to all direct-service recipient areas. These questions are as follows:

- Did our staff make you feel comfortable?
- Did you get the care you expected?
- Did you feel cared for?
- Did you receive education about your care?
- Were we friendly?
- Were we timely in our services?
- Were we responsive to your needs?
- Do you feel we worked with you as a team?
- Was the facility welcoming?
- Was the washroom clean?

Customer satisfaction cards have been distributed to and are being collected at all regional health care service sites. By the end of the 2009-10 fiscal year, 267 customer satisfaction cards had been logged into a data collection system. Although customer satisfaction data will undergo analysis for target and measurement mapping purposes in the upcoming fiscal year, data collection will be ongoing in 2010-11 and 2011-12.

Key Action 1.2.1.3
To develop and implement, by June 30, 2009, a Board approved plan for discontinuing the placement of patients in need of long-term care in an acute care bed for any duration of time.

Results
On June 30, 2009, La Ronge Health Centre acute care ward had one client classified as palliative admitted to the ward. This client was admitted June 24 and discharged July 9.

As of March 31, 2010, La Ronge Health Centre acute care ward had two clients admitted as long stays to the ward. One has since been discharged. Staff have been working with the family of the other around care options, including long term care placement.

The percentage of clients on the acute care ward awaiting alternate care beds varies significantly in the La Ronge Health Centre due to our small numbers. Other factors that affect this number include the incidence of palliative care needs (such as cancer care, end-of-life chronic care, etc.), and health care events that impact lifestyle and may require planning, teaching, and other preparation in the home (such as strokes, accidents, etc.). In our health region, we are limited in the services we are able to provide due to limited rehabilitative services, and specialized care services. We have 14 long term care beds and 2 respite beds located in La Ronge. We have a waiting list approaching 30 clients. There are no other facilities within the region. Clients are reluctant to be placed in care facilities outside the region due to distance from family. The health region works with other health organizations such as the Lac La Ronge Indian Band Health Services to match residents with care available in their facilities.

Key Action 2.1.2.1
To achieve more effective and productive use of health system resources by achieving within three years and with the support of the Health Quality Council, the adoption and implementation of Releasing Time to Care (RTC) in every ward in every regional and tertiary hospital.

Results
As a northern community hospital, the La Ronge Health Centre has been lower on the provincial priority list for the implementation of Releasing Time to Care. The region has begun to work with the Health Quality Council to determine an optimum time to begin orientation of the appropriate staff to Releasing Time to Care. It is our intention to have this work underway by March 31, 2011.

Key Action 2.3.1.2
To reduce absenteeism through improvements to workplace safety, and improvements in time management and staff scheduling processes.

Results

Wage-driven premium hours (overtime)

Affiliation	Hours/FTE 2008-09	Hours/FTE 2009-10
Saskatchewan Government Employees Union (SGEU):	59.05	55.96
Health Sciences Association of Saskatchewan (HSAS):	0.16	4.33
Out of Scope (OOS):	0.00	0.00
Saskatchewan Union of Nurses (SUN):	204.7	285

The number of wage-driven premium hours per FTE increased in 2009-2010 in both HSAS and SUN. Staff shortages in Acute Care at the La Ronge Health Centre and callbacks in the Primary Health Care Centres contributed to this increase for SUN. The increase for HSAS was due to some overtime in one unit and the payout of banked Additional Days of Rest (ADRs) not used within the fiscal year.

It is expected that wage-driven premium hours will be reduced in the next fiscal year as we hope to be fully staffed at the La Ronge Health Centre and vacation scheduling has been implemented as per the collective agreement for 2010-11. Some procedural changes at the Primary Health Care Centres are being implemented to reduce callbacks.

It should be noted that our acute and primary care facilities are located in isolated communities. Therefore, the ability to have an accessible casual pool from which to draw relief staff is very limited. This translates into full time staff being called on to cover off sick leave, vacancies, etc.

Workers' Compensation Board Claims

	2008-09	2009-10
Number of lost-time WCB claims per 100 FTEs	**2.95**	**4.24**
Number of lost-time WCB claim days per 100 FTEs	**133.1**	**157.18**

The number of claims and the number of WCB claim days increased in 2009-10. The reporting of injuries has increased due to increased awareness of staff.

In 2009-10 there were some long term claims due to long term injuries.

The health region is working diligently to have all employees up to date in Professional Assault Response Training (PART), Transferring, Lifting, and Repositioning (TLR) and Workplace Hazardous Material Information System (WHMIS) training. Short staffing in some departments has presented challenges to having some staff complete this training. All newly hired employees take part in an Orientation Week which includes Occupational Health & Safety training.

Sick Leave Hours

Affiliation	Hours/FTE 2008-09	Hours/FTE 2009-10
Saskatchewan Government Employees Union (SGEU):	**81.76**	**106.79**
Health Sciences Association of Saskatchewan (HSAS):	**77.41**	**97.98**
Out of Scope (OOS):	**52.49**	**95.79**
Saskatchewan Union of Nurses (SUN):	**71.94**	**61.24**
Total	**75.63**	**96.48**

Total sick leave hours increased from 75.63 hours/FTE to 96.48 hours/FTE in the 2009-10 fiscal year. This increase was seen in all affiliations except SUN, which had a decrease in sick leave hours. A number of OOS, SGEU and HSAS employees were off work for extended periods of time with verifiable illness in 2009-10. Increased diligence in implementing the region's Attendance Support program is required.

Key Action 2.3.1.3
To work with the Ministry and the Saskatchewan Union of Nurses (SUN) to fill vacant SUN nursing positions and increase their total SUN FTEs. To establish a Joint SUN/Health Region Retention and Recruitment Committee to provide a formal process to involve nurse managers and front line staff to jointly problem solve, develop and agree on recruitment and retention initiatives to be delivered by the parties.

Results
MCRHR achieved 31.14 SUN FTEs in 2009-10, as we were able to recruit to three of our five additional SUN positions and fill posted vacancies. The Joint SUN/MCRHR Retention and Recruitment Committee was formed and met five times in 2009-10.

Key Action 3.2.1.2
To undertake and complete the Ministry approved capital improvement projects targeted to long-term care facilities and addictions facilities, and address priorities in capital maintenance identified in the VFA study and by RHAs.

Results
No funding was allocated for Life Safety projects in 2009-10. Surplus funds from previous years will be used to purchase mobile and stationary medical filing units in 2010-11.

Block Funding (VFA) Projects

VFA Projects are 77% completed. For three of the facilities, Sandy Bay, Pinehouse and Weyakwin, the region worked closely with Government Services, Property Management (SPM) who are the landlords for these facilities. Finding Contractors and material to complete the projects has been challenging in some cases. All approved funding and projects from 2008 will be completed in 2010. Below is a synopsis of the funds that went towards the facilities in 2009-10.

	MCRHR VFA Costs	SPM Costs	Total
La Ronge Health Centre	$34,499		$34,499
Pinehouse Health Centre	$44,298	$250,000	$294,298
Sandy Bay Health Centre	$84,210	$425,000	$509,210
Weyakwin Health Centre		$4,565	$4,565

Creighton and Weyakwin Health Centres are slated to have infrastructure improvements for 2010-11.

Financial Summary

The Mamawetan Churchill River Health Region ended the year with an operating surplus of $69,961.

Our surplus resulted from revenues of $25,491,084, less expenses of $25,421,123. The Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. Of the total operating revenues, 90% was provided by the Ministry of Health.

Currently, our Region is operating with a negative (4.4) days of working capital. According to this indicator, our Region is not in a strong financial position. The main way to improve on this indicator would be to generate operating surpluses and ignore future required capital investments. If the target was to have surplus to cover 20 days, our Region would need to generate $1.7 M in an operating surplus to invest in the working capital in order to strengthen its financial position, assuming no other capital investments were required.

For 2009-10, operating expenses were $107,652 higher than budget. The following is an analysis of the main programs impacting operating expenses:

Program	Budget Expenses	Actual Expenses	Variance Over Budget / (Under Budget)	Variance % of Actual
Acute Care	$6,330,767	$6,801,830	$471,063	7.44%
Supportive Care	590,079	722,313	132,234	22.41%
Population Health	3,963,131	3,445,234	-517,897	-13.07%
Community care services	3,317,043	2,922,746	-394,297	-11.89%
Primary Health Care	4,272,867	4,684,694	411,827	9.64%
TOTAL	$18,473,887	$18,576,817	$102,930	0.56%

In Acute Care, our Region did not have a registered nursing pool to provide staff coverage for vacancies, sick time, and vacation time, therefore, these times were covered by existing staff at overtime rates.

The over budget variance in Primary Health Care relates to the increase in call backs at the Primary Care Centres in Pinehouse and Sandy Bay. This is related to the provision of 24 hour/7 day per week emergency services being made available to the community.

During the fiscal year, the Population Health Unit experienced staff vacancies in Environmental Health Protection Coordinator and Chronic and Communicable Disease positions. These vacancies resulted in savings. Similarly, savings were realized for Community Care due to staff vacancies in Autism, Speech and Language, and Mental Health. These savings offset some of the over budget variances.

Expenditures in program support funding pool amounted to 11.3% of total operating expenditures in our Region. The performance target of less than 12% spent in program support expenditures for a northern regional health authority has been achieved.

Future required investments in our Region relate to the following:

- *The Regional Infrastructure Requirements and Facilities Assessment Strategy* final report will be provided to the Board in early 2010-11. It is expected there will be recommendations for infrastructure development to meet growing patient needs that will be in excess of $30 million.
- Natural gas will be available for the La Ronge Health Centre during 2010-11. This will require trenching and equipment conversion at a cost of $270,000. There will be resultant return on investment.
- Occupational health and safety and patient safety equipment.
- Staff housing accommodations, particularly in Pinehouse. In conjunction with Saskatchewan Housing Corporation and the community of Pinehouse, our Region is in the early planning stage of determining the feasibility of constructing staff housing units. This is a significant recruitment and retention issue.

Future Outlook/Emerging Issues

The Mamawetan Churchill River Health Region acknowledges 2010-11 will be a year of challenges and opportunities. The region will be challenged to continue to provide quality health services responding to meet client needs while ensuring that work is done within available funding resources. The health region will continue to be supportive of, and will participate in, provincial initiatives identified within the health system Strategic and Operational Directives. Examples are the surgical care initiative, continued work on the representative workforce strategy, enhanced efforts on hearing the voice of the customer, the client, the patient, and supporting processes, such as the implementation of LEAN, that will assist the region in identifying waste in our systems and processes and identify ways to eliminate that waste.

The region will continue its efforts to gather sound patient data and utilize that data to inform the development and/or realignment of program priorities to meet client needs. The Northern Health Authorities Health Status Report that is published every five years is due in the fall of 2010. The region will need to consider its efforts to work with individuals and communities to increase resiliency and decrease issues such as unintentional injury.

In addition, the health region will continue its efforts to meet the health needs of residents through ongoing implementation of programs and enhancement or the addition of other programs and services. Brief descriptions of a selection of these program priorities are described here. They are:

Patient Satisfaction/Customer Service

The Mamawetan Churchill River Health Region has had limited success in getting adequate patient responses to patient satisfaction surveys such as the Patient Experience Survey conducted in conjunction with the Health Quality Council. As such, we must find new and innovative ways to hear the voice of our customer. The region has launched a Board approved plan to hear the voice of the customer. Activities will be undertaken at all levels of the organization such as Board to Board meetings between the Mamawetan Churchill River Regional Health Authority and First Nation Health Organization Boards that deliver services in neighbouring communities. Managers and staff will take the opportunity to engage in "kitchen table conversations" with community members regarding service delivery and client satisfaction with those services. These conversations will be de-identified and logged for consideration in evaluating programs and addressing concerns.

Customer service education will be done in the general orientation week for new staff and through presentations at staff meetings for all others. Feedback from these sessions will inform new initiatives and make improvements to current processes.

We will be updating signage in our facilities to ensure that it is promoting a welcoming, positive image of the region and done in languages appropriate to our customers' culture. We anticipate including customers in this review.

Another area we are looking at is the organization development project which is aimed at improving staff morale and creating a more positive work environment. This project is also looking at creating a document that would outline expectations of staff as they relate to customer service and living the health region's values of a wholistic approach, equity, accountability, competence, trust and a team approach. (WE ACT T*ogether*).

Patient Safety

The Health Region participates in Accreditation Canada processes to ensure the service we provide to residents of the region meets national standards of care. One of these areas is related to patient safety and includes ensuring ongoing compliance with Accreditation Canada's Required Organizational Practices (ROPs) and Standards. Monitoring of Falls Prevention, Medication Reconciliation and Preventative Maintenance Programs for patient and regional equipment falls within this area. To further our goal of meeting these ROPs, work will continue around enhancing Suicide Prevention programs, and Pressure Ulcer Prevention programs.

Results of Accreditation Canada's Patient Safety Instrument data is shared with all levels of the organization. This information is used to inform decision making and determine areas of priority for programming and training at program and regional levels.

Patient safety related incident reporting data will be reviewed and analyzed in order to determine priority areas for improvement. This information will also be shared with the organization at all levels.

2010-11 will see an increased focus on Patient Safety related "Early Warning System" development in the region. This will include a review of current incident reporting systems, increased education around critical incident and Quality of Care Coordinator processes, Customer Service Expectations and enhanced auditing and screening procedures such as medical records and hand hygiene practices. Prospective analyses of patient safety related processes will be conducted to identify areas of risk, by analyzing situations which may create risk, with a view to implementing solutions before an incident occurs.

Diabetes Prevention and Management

The Mamawetan Churchill River Health Region continues to increase its capacity to address the high rates of diabetes in its communities and overall population. In 2009-10, the region added a second diabetes nurse educator position to increase and enhance diabetes prevention and self-management support throughout the region. It also hosted a *Live Well With Chronic Disease* training in La Ronge in March, 2010, and, thus, has increased its capacity to offer this program. The regional Diabetes Workplan will be updated in the upcoming fiscal year and will include the implementation of the *Live Well With Chronic Disease* program, evaluation and expansion of Diabetes Education Networks, as well as activities to assess and improve the region's retinopathy clinic program with increased accessibility in mind. Interdisciplinary collaboration continues to be at the forefront and is integral to primary, secondary and tertiary diabetes prevention and self-management support services. Primary Health Care team members such as public health nurses, home care staff, primary health care nurses, regional dietitian, diabetes nurse educators,

pharmacist, community health educators, and others continue to work together in wellness to make gains in this area.

Tobacco Reduction and Cessation Support

The Mamawetan Churchill River Health Region will continue developing a regional Tobacco Reduction and Cessation Support workplan in 2010-11. The region will look to align its planning with the work and direction that is ongoing at the provincial level, while building upon the engagement it has pursued, and interest it has had from youth and community partners in the area of cessation support in 2009-10. The region will also continue its work in the area of health promotion and partnership development to reduce tobacco use by strategically looking at ways to build resiliency and assets in youth.

Autism Spectrum Disorder (ASD) Services

In August, 2009, the health region provided summer program and respite support to primary caregivers of individuals living with ASD in the region. The region has recruited to its part-time ASD support worker and consulting roles with start dates in the 2010-11 year. The region will also be developing its consultant and support program for caregivers in 2010-11, in collaboration with clients and community stakeholders.

Intersectoral Work and Developments

Integrated Case Management (ICM)
In 2009-10, the Mamawetan Churchill River Health Region hosted a stakeholder education and engagement session to get feedback on the new ICM model and process that was developed in 2008-09. The region has renewed its commitment to ICM and will be continuing to co-chair the ICM Supervisory Committee in 2010-11.

40 Developmental Asset North-wide Project
In 2009-10, the North-wide 40 Developmental Asset Planning Committee completed the first phase of its project. With 833 youth in the region having participated in the 40 Developmental Asset Attitude and Behaviour Survey, this partnership group will be preparing for the second phase of the project which will entail the dissemination of survey findings and ongoing engagement of Northern school communities and communities at-large—which for our region will include: Sandy Bay, Pinehouse, La Ronge, Air Ronge, Weyakwin and Creighton—with the aim of an organic and strengths-based movement towards increasing the internal and external assets that enable children and youth in our communities to thrive and become healthy adults.

Mental Health Services

Initiatives underway within Mental Health Services include continued work towards better co-ordination and integration with the Addictions Services program; partnering with community agencies regarding the development of suicide prevention and intervention in the Region and the North and increased access to psychiatric services for both Adult and Child and Youth in response to increased demand.

Suicide Prevention

The region will be developing a regional suicide framework to strategically and inter-departmentally guide its work in the area of suicide prevention, intervention and postvention in 2010-11. This framework will align with the newly introduced required organizational practice of Accreditation Canada, provincial work in this area, as well as larger partnership development and planning that is ongoing in Northern Saskatchewan. The region looks forward to developing a far-reaching and collaborative approach to suicide prevention and to its evolution in future years.

Addictions Services

We are continuing to evaluate the overall effectiveness of our program delivery. We have responded to customer requests and have made changes to our programs that reflect their needs. For example, the Adult Day Program has been restructured to allow for more intensive group therapy in the mornings. The Youth Services program has been modified to have more structured activities for youth during Drop-In time.

The Sandy Bay Outpatient Program has been working closely with the Hector Thiboutot Community School to provide education on substance use. The Pinehouse Outpatient program has been focused on delivering healthy lifestyle programs to youth in the community, and has been involved in re-activating the Pinehouse AA group.

We are sensitive to the pressures that are created by a growing population. Our Adult and Youth Programs have been working closely with other agencies to provide resource material and expertise. New programming is being developed for the 2010-11 year which includes cooperating with the Royal Canadian Mounted Police to provide Drug Education to youth who are being ticketed for minor alcohol and drug offences. The Addiction Services Adult program is working with the Mental Health Services Adult program to create a support group for women with addiction and mental health recovery needs. Several staff from both Addictions Services and Mental Health sit on provincial committees to provide input into the development of provincial Addictions and Mental Health initiatives.

Basic to Intermediate Air Medevac

During 2009-10, the Health Region, in partnership with the Ministry of Health, Acute and Emergency Services Branch, developed a Request for Proposals to establish a 24 hours/7 days per week Basic to Intermediate Air Medevac Service for the region. Proposals were received and reviewed and a preferred vendor identified. This dedicated service that will ensure better access to services for patients in our regional communities will become operational in 2010-11.

Regional Infrastructure Requirements and Facilities Assessment Strategy

The final report related to this strategy (described earlier in this report) will be delivered to the Board in 2010. This report will position the region well to respond to opportunities to obtain capital infrastructure funding as it becomes available. The region will be vigilant in watching for opportunities for capital space that may become available in other buildings.

This will be done in an attempt to relieve space pressures in current facilities, thereby improving patient safety and services, and enhancing the workplace.

Housing

Staff housing, particularly in Sandy Bay and Pinehouse, has been a chronic problem. There is also very limited housing available for staff and physicians providing itinerant services in these communities. The region appreciates funding provided to expand resident and itinerant services in these communities. However, due to the lack of rental housing the region is experiencing significant problems in maintaining service levels. During 2010-11, the region will be working with communities and also the Ministry to identify some solutions to these chronic housing issues. Housing is a major recruitment and retention issue.

Training for Health Careers/Distributive Learning Model

The health region has been an active member on the Northern Labour Market Committee Health Sector Training Sub-committee. This group has looked at training needs for northerners for health careers. Staff of the health region have also served as preceptors for students completing the practicum requirements for their respective programs. Provincially, work is underway to increase the number of graduates in Medicine and Nursing. Discussions are underway to implement distributive learning models in communities such as La Ronge in order to achieve these targets. The health region remains committed to supporting students pursuing health careers and is keen to be involved in a distributive learning model. To that end, we will remain active in the Health Sector Training Sub-committee and will participate in discussions with educational institutions to ensure, as an organization, we are ready to provide support to students.

Information Technology

Information technology (IT) touches all staff in the region and the services we provide. Whether it is a phone (Desktop, Cell, Satellite or Radio), accessing patient information, paying invoices, providing security or providing educational sessions to both staff and clients, IT is involved. The demand for IT support for programs continues to grow. The region will be diligent in identifying appropriate technology requirements and opportunities to expand our ability to use technology to improve patient services and access to services.

Health Risk Assessment/Quality Workplace Initiatives

In 2009-10, the Wellness Team received the aggregate report from the employee Health Risk Assessment (HRA) it conducted in the previous year. The HRA Project is moving forward with dissemination plans at all levels of the organization. The Wellness Team looks forward to engaging board members, leadership and frontline employees by sharing and facilitating dialogue around the findings in 2010-11. The Wellness Team will also be developing a workplan based upon the findings of the HRA and feedback acquired during the dissemination and engagement process, and is looking forward to the implementation of employee wellness initiatives in upcoming years that will contribute to a quality workplace.

Payee List

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2010

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Abrametz, Cathryn	$ 66,883	Funk, Krista	$ 78,830
Anderson, Debbie	106,878	Galloway, Justin	70,585
Ballentyne, Alison	63,858	Galloway, Pat	110,006
Beal, Melanie	85,230	Geier, Monica	60,160
Beaudin, Donovan	82,677	George, Jisha	125,354
Beckman, Bart	56,842	Giles, Barry	76,172
Biliske, Barbara	93,658	Goulet, Millie	74,067
Bird, Shelley	69,472	Graham, Bryce	102,812
Brakstad, Gregory	65,560	Gray, Janet	76,223
Bratberg, Larene	75,414	Greuel, Cindy	78,899
Brown, Todd	158,046	Grimard, Joanne	53,294
Burkholder, Joanne	51,673	Haberman, Cory	87,000
Caisse, Donald	64,682	Hakes, Jacquie	92,648
Campbell, Joanne	52,647	Halland, Susan	95,869
Cannon, William	151,957	Haydukewich, Karien	78,988
Carolus, Andrew	88,475	Hewison, Morley	52,853
Catte, Luanne	66,266	Hebert, Julia	53,702
Chisholm, Kathleen	127,156	Hilderman, Deb	59,398
Christiansen, Allison	67,323	Hill, Russell	99,529
Coe, Jeannie	86,240	Johnson, Jennifer	87,359
Croissant, Helen	58,401	Keith, Heather	109,009
DesRoches, Wendy	70,661	Klassen, Chalsey	55,123
Eckhart, Karen	78,609	Kostyshyn, Carley	73,632
Erikson, Irene	73,773	Kowalczyk, Kenneth	101,184
Ermine, Debbie	56,175	Legebokoff, Denise	89,121
Francais, Michelle	57,857	Mabee, Guy	54,424
Friesen, Crystal	66,914	Mackay, Michelle	84,238
Fry, Michael	135,301	Mahoney, Bonnie	63,312

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2010

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Marple, Laurie	$	57,586
Martin, Pamela		67,960
Mayotte, Amanda		94,387
McDonald, Evelyn		66,540
McGregor, Connie		52,372
McKeen, Joanne		54,382
McLetchie, Andrew		57,611
McPhail, Wendy		78,378
Mesfin, Rediate		108,515
Mikolayenko, Linda		77,373
Mishak Beckman, Brenda		119,479
Moore, Michelle		209,553
Mwewa, Gospel		112,498
Myslicki, Crystal		88,949
Nateweyes, Tanya		76,819
Natomagan, Jackie		74,028
Nefedow, Valerian		70,334
O'Grady, Ashlie		59,391
Ohrn, Caroline		63,366
Ohrn, Harry		73,265
Olsen, Joan		68,053
Penney, Cindy		139,187
Pollon, Betty		52,838
Quinn, Brian		84,796
Radloff, Jennifer		91,043
Ratcliffe, Maureen		67,387
Ratt Misponas, Caroline		67,714
Roesler, Diane		69,374
Ross, Loretta		75,040
Sampson, David	$	84,209
Schommer, Kimberly		91,844
Schwartz, Blaire		90,337
Senft, Laurie		55,687
Senik, Janet		77,221
Skalicky, Curtis		94,876
Skalicky, Patricia		63,032
Slugoski, Deena		73,080
Smith, Phyllis		72,402
Stockdale, Donna		107,555
Storozuk, Karen		70,248
Swann, Sharyn		100,476
Taggart, Debbie		62,952
Taylor, Patricia		51,642
Taylor, James		94,725
Trites, Pamela		90,007
Vancoughnett, Kim		58,836
Vandergucht, Francine		90,413
Vincent, Jay		61,551
Watt. Doria		95,400
Watt, Jody		68,116
Watt, Teresa		94,533
Whaley, Rebecca		130,415
Wilson, Jody Lee		71,180
Wolkosky, Charmaine		53,751
Wolkosky, Patricia		117,370
Young, Maxwell		119,754
Zarazun, Laurie		77,133

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2010

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Brodie, Dr. Brian	$ 61,036	Osprey Wings Ltd.	$ 63,027
C.I.B.C. Visa Center	60,583	PEBA/Public Employee Pension Plan	134,415
Creighton Alcohol and Drug Abuse Council Inc.	161,734	Pelican Narrows Ambulance Service	35,840
Croft Planning and Design	96,654	Philips Medical Systems Canada	191,472
Federated Cooperatives Limited	206,740	Ralph, Robert	101,950
Gardiner, Napoleon	120,036	Revenue Canada	4,150,245
Gillis, Carol	63,842	S.A.H.O. Dental Benefits	140,251
Great West Life	82,985	S.A.H.O. Dip Benefits	127,799
Hospira Healthcare Corporation	55,517	S.A.H.O. Extended Health Care	254,940
Hunchak, Jackie	83,769	Saskatchewan Association Health Organizations	53,803
J.A. Steyn Medical Professional Corporation	801,400	Saskatchewan Government Employees Union	59,062
Kaministikochiwak Development Corporation	210,842	Saskatchewan Government Employees Union - Local	69,768
Keewatin Yatthé Regional Health Authority	161,042	Saskatchewan Healthcare	1,341,504
La Ronge Emergency Medical Services	638,506	Saskatchewan Power Corporation	119,523
Medi-Cross Pharmasave	329,263	Saskatchewan Property Management	294,551
Ministry of Government Services	374,719	Saskatchewan Telecommunications	148,249
NOR-MAN Regional Health Authority	36,768	Saskatchewan Workers' Compensation Board	190,585
North Sask Laundry and Support Services	197,504	Schaan Healthcare Products	161,334
North Sask Special Needs Housing	191,530	Solution Staffing Inc.	82,785
Northeast Regional Housing Authority	51,941	Stoll, Dr. David	94,127
Northern Inter-Tribal Health Unit	78,841	Supreme Basics	54,016
Northlands College	250,000	Sysco Food Services of Regina	167,865
Ortho Clinical Diagnostics	81,432	Transwest Air	184,375

Management Report

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

May 7, 2010

MAMAWETAN CHURCHILL RIVER HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit and Finance Committee. The Audit and Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit and Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit and Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Kathy Chisholm
Chief Executive Officer

Kenneth J. Kowalczyk
Chief Financial Officer

www.mcrrha.sk.ca

2008-09 Financial Report

MAMAWETAN CHURCHILL RIVER

REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2010

Deloitte.

Deloitte & Touche LLP
5 - 77 15th Street East
Prince Albert, SK S6V 1E9
Canada

Tel: (306) 763-7411
Fax: (306) 763-0191
www.deloitte.ca

AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF THE
MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

We have audited the statement of financial position of the Mamawetan Churchill River Regional Health Authority (the "Authority") as at March 31, 2010 and the statements of operations and changes in fund balances and cash flow for the year then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP.

Chartered Accountants

May 7, 2010

Statements

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2010

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2010	Total 2009 (Note 9)
ASSETS					
Current assets					
Cash and short-term investments	$ 3,443,348	$ 617,658	$ 17,105	$ 4,078,111	$ 3,417,018
Accounts receivable					
Other	741,222	158,989	-	900,211	979,883
Inventory	190,280	-	-	190,280	164,291
Prepaid expenses	113,146	-	-	113,146	83,122
	4,487,996	776,647	17,105	5,281,748	4,644,314
Capital assets (Note 3)	-	9,777,312	-	9,777,312	10,001,398
Total Assets	$ 4,487,996	$10,553,959	$ 17,105	$15,059,060	$14,645,712
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 917,772	$ 66,119	$ -	$ 983,891	$ 1,093,428
Accrued salaries	1,121,335	-	-	1,121,335	545,410
Vacation payable	774,573	-	-	774,573	785,835
Deferred Revenue (Note 5)	1,978,055	-	-	1,978,055	1,742,899
	4,791,734	66,119	-	4,857,853	4,167,572
Fund Balances:					
Invested in capital assets	-	9,777,312	-	9,777,312	10,001,398
Externally restricted (Schedule 3)	-	429,300	17,105	446,405	524,885
Internally restricted (Schedule 4)	-	281,229	-	281,229	325,556
Unrestricted	(303,738)	-	-	(303,738)	(373,699)
Fund balances – (Statement 2)	(303,738)	10,487,840	17,105	10,201,207	10,478,140
Total Liabilities & Fund Balances	$ 4,487,996	$10,553,959	$ 17,105	$15,059,060	$14,645,712

Commitments (Note 4)
Pension Plan (Note 10)

Approved by the Board of Directors:

Joe Hordyski

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2010

	Operating Fund			Restricted			
	Budget 2010	2010	2009 (Note 9)	Capital Fund 2010	Community Trust Fund 2010	Total 2010	Total 2009 (Note 9)
REVENUES							
Ministry of Health - general	$ 22,351,067	$ 22,913,686	$ 20,339,615	$ 218,500	$ -	$ 218,500	$ 602,500
Other provincial	828,151	702,762	918,405	-	-	-	12,625
Federal government	123,005	461,096	374,381	-	-	-	-
Special funded programs	292,098	159,012	202,228	-	-	-	-
Patient fees	366,000	321,923	363,512	-	-	-	-
Out of province (reciprocal)	30,000	34,617	29,333	-	-	-	-
Out of country	1,000	5,397	1,580	-	-	-	-
Donations	-	-	-	187,353	-	187,353	276,541
Investment	55,000	10,499	66,256	2,820	-	2,820	8,999
Ancillary	113,700	107,383	112,682	-	-	-	-
Recoveries	880,702	610,392	618,036	-	-	-	-
Other	275,085	164,318	40,867	280	2,353	2,633	1,699
Total revenues	25,315,808	25,491,084	23,066,895	408,953	2,353	411,306	902,364
EXPENSES							
Province wide acute care services	88,768	139,330	158,920	8,652	-	8,652	-
Acute care services	6,330,767	6,801,830	6,066,414	491,371	-	491,371	571,294
Physician compensation - acute	45,000	30,372	42,889	-	-	-	-
Supportive care services	590,079	722,313	630,259	11,111	3,302	14,413	16,512
Home based service - supportive care	347,611	410,570	340,631	-	-	-	-
Population health services	3,963,131	3,445,234	3,110,988	-	-	-	-
Community care services	3,317,043	2,922,746	2,931,057	-	-	-	-
Home Based Services - acute & palliative	1,026,057	1,117,733	1,009,846	-	-	-	-
Primary health care services	4,272,867	4,684,694	4,083,476	128,507	-	128,507	18,622
Emergency response services	859,112	822,750	928,415	-	-	-	-
Addictions services - residential	306,917	368,259	323,044	16,833	-	16,833	24,156
Physician compensation - community	964,142	934,757	959,738	-	-	-	-
Program support services	2,926,046	2,876,625	2,690,177	98,423	-	98,423	-
Special funded programs	264,436	130,288	181,336	-	-	-	-
Ancillary	11,495	13,621	11,494	-	-	-	-
Total expenses (Schedule 1)	25,313,471	25,421,123	23,468,684	754,897	3,302	758,199	630,584
Excess (deficiency) of revenues over expenses	$ 2,337	69,961	(401,789)	(345,944)	(949)	(346,893)	271,780
Fund balances, beginning of year		(373,699)	28,090	10,833,785	18,054	10,851,839	10,580,059
Interfund transfers		-	-	-	-	-	-
Fund balances, end of year		$ (303,738)	$ (373,699)	$ 10,487,841	$ 17,105	$ 10,504,946	$ 10,851,839

The accompanying notes and schedules are part of these financial statements.

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW[1]
For the Year Ended March 31, 2010

	Operating Fund		Restricted Fund			
	2010	2009 (Note 9)	Capital Fund	Community Trust Fund	Total 2010	Total 2009 (Note 9)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ 69,961	$ (401,789)	$ (345,944)	$ (949)	$ (346,893)	$ 271,779
Net change in non-cash working capital (Note 6)	850,800	603,038	(136,860)	-	(136,860)	267,698
Amortization of capital assets	-	-	516,279	-	516,279	483,120
	920,761	201,249	33,475	(949)	32,526	1,022,597
Purchase of capital assets						
Buildings/construction	-	-	(24,434)	-	(24,434)	(14,209)
Equipment	-	-	(267,759)	-	(267,759)	(338,555)
	-	-	(292,193)	-	(292,193)	(352,764)
Net increase (decrease) in cash & short term investments during the year	920,761	201,249	(258,719)	(949)	(259,667)	669,833
Cash & short term investments, beginning of year	2,522,587	2,321,338	876,377	18,054	894,431	224,598
Cash & short term investments, end of year (Schedule 2)	$ 3,443,348	$ 2,522,587	$ 617,658	$ 17,105	$ 634,764	$ 894,431

The accompanying notes and schedules are part of these financial statements.

[1] Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).
The accompanying notes and schedules are part of these financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

1. Legislative Authority

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act*. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with grants funding to the following prescribed Health Care Organization ("HCOs") and third parties to provide health services.

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 8 b) i) provides disclosure of payments to prescribed HCOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

2. Significant Accounting Policies – (continued)

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

2. Significant Accounting Policies – (continued)

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash and short-term investments are classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities

As at March 31, 2010 (2009 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

2. Significant Accounting Policies – (continued)

- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

3. Capital Assets

	March 31, 2010			March 31, 2009
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 407,572	$ -	$ 407,572	$ 407,572
Buildings	13,124,950	4,623,125	8,501,825	8,814,027
Equipment	3,641,647	2,773,732	867,915	779,799
	$ 17,174,169	$ 7,396,857	$ 9,777,312	$ 10,001,398

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next three years are as follows:

2011	$67,382
2012	52,316
2013	11,518

b) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2010.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

5. Deferred Revenue

	Balance Beginning of Year (Note 9)	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health – General Revenue Fund				
Population Health (PHU)	$ 234,964	$ 1,612,975	$ 1,597,876	$ 219,865
Northern Healthy Community Partnerships	84,659	23,366	45,000	106,293
Northern Regional Intersectoral Committee	14,316	14,316	-	-
Uranium Monitoring	-	57,540	57,540	-
Health Improvement Initiatives				
Alcohol and Drug Initiatives - Promotion	22,819	22,819	-	-
Alcohol and Drug Initiatives - Secure Youth Detox	45,104	45,104	-	-
Autism	76,388	10,103	-	66,285
Babies Books and Bonding	20,000	20,000	10,000	10,000
Children Mental Health	22,072	1,483	-	20,589
Dental Health Education	17,708	17,708	-	-
Health Workforce Retention Program	5,839	3,739	-	2,099
Infant Mortality	95,823	51,558	50,000	94,265
Injection Drug Use Strategy	16,496	-	-	16,496
Integrated Case Management	1,564	165	-	1,399
Needle Exchange	54,357	15,376	4,000	42,981
Northern Health Strategy	-	602,546	787,000	184,454
Organizational Development	75,000	1,316	-	73,684
Outreach Mental Health Services	39,791	39,791	-	-
Paramedic Act	-	-	7,250	7,250
Primary Health Care RN (N/P)	73,313	73,313	-	-
Safety Training	1,129	4,127	9,113	6,116
SIMS & iPHIS	19,864	524	-	19,340
Tuberculosis Outbreak	100,000	34,253	-	65,747
Type 2 Diabetes/KYRHA	4,090	-	-	4,090
Workforce Planning	-	92,775	154,550	61,775
Total Ministry of Health	$ 1,025,297	$ 2,744,898	$ 2,722,329	$ 1,002,729

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

5. Deferred Revenue – (continued)

	Balance End of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Ministry of Health Initiatives				
Babies Books and Bonding	$ 27,020	$ 3,050	$ 5,000	$ 28,970
Chronic Disease Nurse	27,900	27,900	-	-
Diabetes Strategy	-	11	19,800	19,789
Drop the Pop	17,854	14,723	-	3,131
Food Security Development	8,000	3,349	3,000	7,651
Health Quality Council	4,810	746	-	4,064
Infant Mortality	9,000	9,000	-	-
Kids First North Mental Health	22,177	61,508	69,000	29,669
Kids First North Pre Natal Calendar Project	9,193	9,193	-	-
Kids First North Screening	40,921	59,574	53,667	35,014
Lateral Violence	1,507	969	-	538
Lean	-	12,466	117,328	104,862
Northern Health Strategy	94,005	387,219	476,720	183,505
Northern Regional Intersectoral Committee	38,662	118,632	236,503	156,533
Safe Food Handling	-	-	1,000	1,000
SRNA Quality Workplace Program Agreement	8,279	-	-	8,279
SUN Recruitment and Retention	168,928	-	-	168,928
Uranium Monitoring	224,416	81,999	79,460	221,877
Victim Services	14,930	51,933	38,517	1,514
Total Non Ministry of Health	$ 717,602	$ 842,271	$ 1,099,995	$ 975,326
Total Deferred Revenue	$ 1,742,899	$ 3,587,168	$ 3,822,323	$ 1,978,056

Restricted funding related to general operations from Ministry of Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other sources are recorded as revenue as the related costs are incurred.

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
(Increase) Decrease in accounts receivable	$ 189,585	$ (2,837)	$ (109,912)	$ -	$ (109,912)	$ 180,060
Decrease (Increase) in inventory	(25,989)	6,472	-	-	-	-
(Increase) Decrease in prepaid expenses	(30,024)	(6,231)	-	-	-	-
Increase (Decrease) in accounts payable	(82,589)	39,070	(26,948)	-	(26,948)	87,638
Increase (Decrease) in accrued salaries	575,925	105,502	-	-	-	-
Increase (Decrease) in vacation payable	(11,264)	113,265	-	-	-	-
Increase (Decrease) in deferred revenue	235,156	347,797	-	-	-	-
	$ 850,800	$ 603,038	$ (136,860)	$ -	$ (136,860)	$ 267,698

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2010, was $21,344 (2009 $8,640). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.
These financial statements include transactions with related parties.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Revenues	2010	2009 (Note 9)
Saskatchewan Government Insurance	$ 37,930	$ 44,420
Northern Medical Services	468,000	507,550
Other RHA's	106,999	130,589
Other	311,942	60,063
	$ 924,871	$ 742,622

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

8. Related Parties – (continued)

	2010	2009
		(Note 9)
Expenditures		
Saskatchewan Association of Health Organizations	$ 620,929	$ 466,505
Ministry of Government Services	669,270	562,959
Workers Compensation Board	190,585	178,354
North Sask Laundry & Support Services Ltd.	197,504	186,168
Saskatchewan Telecommunications	199,293	263,743
Public Employees Superannuation Plan	134,415	136,429
Public Service Superannuation Plan	47,270	41,239
Saskatchewan Healthcare Employee's Pension Plan	1,341,504	1,115,917
Saskatchewan Power Corporation	119,523	108,681
Other RHA's	164,424	287,674
Saskatchewan Government Employees Union	59,062	55,668
Saskatchewan Housing Corporation	-	70,822
Northlands College	250,000	-
Other	13,181	7,749
	$ 4,006,960	$ 3,481,909
Accounts Receivable		
Other RHA's	$ 140,530	$ 177,050
Saskatchewan Association of Health Organizations	-	43,657
Northern Medical Services	104,000	128,700
Other	98,553	93,228
	$ 343,083	$ 442,635
Prepaid Expenditures		
Workers Compensation	$ 40,979	$ 26,215
Accounts Payable		
Saskatchewan Property Management Corporation	$ 37,653	$ 25,107
Saskatchewan Telecommunications	12,451	11,341
Saskatchewan Association Health Organizations	21,750	24,109
Saskatchewan Healthcare Employee's Pension Plan	97,409	84,203
Other RHA's	-	226,997
Other	26,197	44,922
	$ 195,460	$ 416,679

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

8. Related Parties – (continued)

b) Health Care Organizations

i) Prescribed Health Care Organization ("HCOs") and Third Parties

The RHA has also entered into agreements with prescribed Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2010	2009
Creighton Alcohol and Drug Abuse Council Inc.	161,734	148,453
La Ronge Emergency Medical Services	638,506	667,464
Nor-Man Regional Health Authority	36,768	36,768
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	35,840	58,673
	$ 872,848	$ 911,358

9. Comparative Information

Certain 2008-2009 balances have been reclassified to conform to the current year's presentation.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

10. Pension Plan – (continued)

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2010				2009
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	217	2	14	233	218
Member contribution rate, percentage of salary	7.2% - 9.6%*	7.0% - 9.0%*	6.35% - 7.0%*		
RHA contribution rate, percentage of salary	8.1% - 10.8%*	29.2% - 37.5%*	6.35% - 7.0%*		
Member contributions (thousands of dollars)	633	9	65	706	601
RHA contributions (thousands of dollars)	709	38	65	811	688

* Contribution rate varies based on employee group.
1. Active members are employees of the RHA, including those on leave of absense as of March 27, 2010. Inactive members are transferred to SHEPP and are not included.

11. Budget

The RHA Board approved the 2009-2010 budget plan on May 28, 2009.

12. Financial Instruments

a) Significant terms and conditions

Loan Guarantee

Mamawetan Churchill River Regional Health Authority is one of four shareholders of North Saskatchewan Laundry & Support Services Ltd. This company supplies laundry services to its owners for a fee that is intended to ensure the company has sufficient cash flows to operate effectively. The company is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. In February 2005, the Board of Directors passed a resolution to guarantee a $100,000 operating loan for the laundry service, which is (1/4) of our proportionate share. The liability of Mamawetan Churchill River Regional Health Authority is limited to $4,627 (2009- $22,888).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

12. Financial Instruments – (continued)

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash and short-term investments are recorded at fair value as disclosed in Schedule 2.

d) Operating Line of Credit

The RHA has a line of credit of $480,000 (2008/09 - $480,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an assignment and hypothecation of revenues. Total interest paid on the line of credit in 2010 was $nil (2009 $nil). The line of credit was approved by the Minister on June 19, 2002.

13. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $17,105 (2008 - $18,054) under these agreements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

15. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal (or reconsideration) process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). A number of individual issues consisting of recommendations not agreed to still remain. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by the unions and SAHO and eventually the specific decisions will be determined by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

16. Change in Accounting Policy

Not-for-profit organizations

On April 1, 2009, the RHA has adopted the changes made to Sections 1540, 4400, 4430 and 4460 and the new recommendations of Section 4470 of the CICA Handbook.

Section 1540 has been amended to include not-for-profit organizations within its scope. As a result, investing and financing activities are now presented separately.

Section 4400 has been amended in order to eliminate the requirement to treat net assets invested in capital assets as a separate component of net assets and, instead, permit a not-for-profit organization to present such an amount as a category of internally restricted net assets when it chooses to do so. It also clarifies that revenues and expenses must be recognized and presented on a gross basis when a not-for profit organization is acting as a principal in transactions.

Section 4430 has been amended to specify that smaller Organizations that capitalize their capital assets shall capitalize all classes of capital assets and amortize and write down those assets in accordance with relevant Handbook Sections.

Section 4460 has been amended to make the language in Section 4460 consistent with related party transactions, Section 3840.

Section 4470 establishes disclosure standards for a not-for-profit organization that classifies its expenses by function and allocates its expenses to a number of functions to which the expenses relate.

The adoption of those new standards had no impact on the financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

17. Collective Agreements

The SGEU contract expired on March 31, 2008 and, while the proposed settlement has not been agreed to or ratified by the union, an estimate for the SGEU retroactive settlement of $501,060 has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012.

Schedules

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2010

	Budget 2010	Actual 2010	Actual 2009
Operating:			(Note 9)
Board costs	$ 129,298	$ 129,297	$ 154,590
Compensation - Benefits	2,982,837	2,935,392	2,730,301
Compensation - Salaries	14,203,989	13,755,612	12,667,201
Diagnostic imaging supplies	17,830	20,800	17,830
Drugs	215,484	219,637	215,484
Food	186,563	179,196	190,225
Grants to ambulance services	694,432	711,114	762,905
Grants to third parties	530,743	540,418	511,197
Housekeeping and laundry supplies	33,197	42,214	33,103
Information technology contracts	46,087	56,275	45,548
Insurance	43,926	44,501	40,084
Interest	8,286	5,559	5,570
Laboratory supplies	161,532	136,882	131,950
Medical and surgical supplies	305,176	384,104	292,958
Medical remuneration and benefits	1,165,207	1,026,788	1,099,407
Office supplies and other office costs	282,991	339,899	305,669
Other	1,137,741	934,437	906,706
Other referred out services	344,706	802,242	291,907
Professional fees	150,634	149,008	227,551
Purchased services	787,729	898,086	859,918
Rent/lease costs	592,980	643,618	621,308
Repairs and maintenance	69,050	78,762	95,587
Service contracts	116,634	123,596	108,219
Travel	791,595	910,617	838,642
Utilities	314,824	353,069	314,823
	$ 25,313,471	$ 25,421,123	$ 23,468,683
Restricted:			
Amortization		$ 516,279	$ 483,120
Other		241,920	147,464
		$ 758,199	$ 630,584

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2010

	Amount
Restricted Investments*	
Cash and Short Term	
Chequing and Savings:	
Prince Albert Credit Union	$ 12,324
Flin Flon Royal Bank	1,296
Flin Flon Credit Union	3,485
La Ronge CIBC	617,658
Total Cash & Short Term Investments	$ 634,763
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Restricted Investments	**$ 634,763**
Unrestricted Investments	
Cash and Short Term	
Chequing and Savings - CIBC	$ 3,443,348
Total Cash & Short Term Investments	$ 3,443,348
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Unrestricted Investments	**$ 3,443,348**
Total Investments	**$ 4,078,111**
Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 4,078,111
Total Long Term	$ -
Total Investments	**$ 4,078,111**

* Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and Ministry of Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2b[ii] and Schedule 3).

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2010

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 10,511	$ 2,070	$ -	$ (2,430)	$ -	$ 10,151
Weyakwin Home Care	936	50	-	(326)	-	660
Creighton Home Care	3,483	4	-	-	-	3,487
Sandy Bay Home Care	1,321	-	-	(25)	-	1,296
Pinehouse Home Care	1,803	229	-	(521)	-	1,511
Total Community Trust Fund	**$ 18,054**	**$ 2,353**	**$ -**	**$ (3,302)**	**$ -**	**$ 17,105**

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the rate payers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the Regional Health Authority with respect to use of the trust fund.

Schedule 3 - (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2010

CAPITAL FUND

	Balance Beginning of Year (Note 9)	Capital Grant Funding	Expenses	Balance End of Year
Bed Pan Sanitizer	$ 4,000	$ -	$ -	$ 4,000
Block Funding	222,086	0	163,007	59,079
Cholestech LDX System	2,888	0	2,888	0
Defibrillator	25,494	0	25,494	0
Dental Suction Carts / Units	17,975	0	17,314	661
Dental Chair	6,000	0	0	6,000
Electric Beds	24,407	0	0	24,407
EMS Radios	0	118,500	0	118,500
Gastroscope	12,337	0	12,337	0
Isolation Cart	7,796	0	0	7,796
Integrated BP/Temperature Machine	5,829	0	5,829	0
IT - Computer Tape Drive / Server	2,067	0	0	2,067
IT - Spare 48 Port Switch	13,942	0	13,942	0
IV Pumps	12,369	0	12,369	0
Life Safety	32,368	0	0	32,368
Medical Ceiling Light	6,975	0	6,975	0
Medical Floor Light (Mobile)	2,924	0	2,924	0
Medical and Diagnostic Equipment	0	95,000	0	95,000
OHS Safety Capital Equipment	68,422	5,000	0	73,422
Podiatry Drill	2,972	0	2,972	0
Sterilizer - SB	6,337	0	6,337	0
Syringe Pumps	6,000	0	0	6,000
Telehealth	19,181	0	19,181	0
Vaccine Fridge	4,464	0	4,464	0
Total Capital Fund	**$ 506,831**	**$ 218,500**	**$ 296,031**	**$ 429,300**
TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 524,885**	**$ 220,853**	**$ 299,333**	**$ 446,405**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2010

	Balance Beginning of Year	Net Loss Allocated	Transfer from Externally Restricted Fund Balance (from unrestricted fund)	Tranfer to investment in capital asset fund balance	Balance End of Year
Total Capital Fund	$ 325,556	$ (48,165)	$ 53,588	$ 49,750	$ 281,229

Amounts represented in this schedule are donations to be used for capital purchases.

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD MEMBER REMUNERATION
for the year ended March 31, 2010

	2010							2009
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Joe Hordyski	$ 9,960	$ 12,724	$ 3,718	$ 4,564	$ -	$ 1,127	$ 32,094	$ 3,777
Al Loke	-	-	-	-	-	-	-	7,136
Al Rivard	-	6,779	2,248	3,583	-	298	12,907	25,829
Charlene Logan	-	-	-	-	-	-	-	8,786
Ida Ratt Natomagan	-	-	-	-	-	-	-	9,299
Ina Fietz- Ray	-	644	463	773	-	-	1,880	2,285
Josie Searson	-	7,664	1,851	4,181	-	255	13,951	9,431
Larry Beatty	-	-	-	-	-	-	-	3,804
Leon Charles	-	2,465	1,105	1,837	-	20	5,427	2,244
Louise Wiens	-	4,875	893	1,700	-	-	7,468	4,719
Mary Denechezhe	-	-	-	-	-	-	-	14,026
Peter Bear	-	(313)	-	(41)	-	-	(354)	14,041
Ron Woytowich	-	3,125	503	965		40	4,634	4,872
William Dumais	-	-	-	-	-	-	-	7,942
Total	$ 9,960	$ 37,965	$ 10,780	$ 17,563	$ -	$ 1,740	$ 78,008	$ 118,191

Schedule 5 (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2010

	2010					2009		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Kathy Chisholm, CEO	$ 122,232	$ 19,915	$ 142,147	$ -	$ 142,147	$ 140,251	$ -	$ 140,251
Andrew McLetchie, Director of Integrated Services	56,351	8,101	64,452	-	64,452	-	-	-
Barb Biliske, Director of Integrated Services	-	-	-	-	-	13,565	-	13,565
Brenda Mishak-Beckman, Director of Primary Health Care	116,848	16,734	133,582	-	133,582	127,547	-	127,547
Cindy Greuel, Director of Quality Improvement and Risk Management	-	-	-	-	-	87,150	-	87,150
Curtis Skalicky, Director of Information Systems	92,057	16,046	108,103	-	108,103	91,903	-	91,903
Donna Stockdale, Director of Population Health	99,637	18,748	118,385	-	118,385	114,863	-	114,863
Harry Ohrn, Director of APRS	44,021	7,355	51,376	-	51,376	-	-	-
Kenneth Kowalczyk, Director of Corporate Services	97,287	15,721	113,008	-	113,008	107,765	-	107,765
Linda Mikolayenko, Director of Communications	74,234	13,031	87,265	-	87,265	83,649	-	83,649
Sharyn Swann, Director of Mental Health	97,371	15,392	112,763	-	112,763	107,955	-	107,955
Susan Halland, Director of Human Resources	92,472	13,650	106,122	-	106,122	102,872	-	102,872
Teresa Watt, Director of Quality Improvement and Risk Management	92,283	15,097	107,380	-	107,380	699	-	699
Wayne Kuffner, Director of APRS	7,606	1,459	9,065	-	9,065	100,641	-	100,641
Total	$ 992,399	$ 161,249	$ 1,153,648	$ -	$ 1,153,648	$ 1,078,860	$ -	$ 1,078,860

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

Appendix A

Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Health Region. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our health region is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 15 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses, etc.;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent and child and community;
- Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Children North also offers family support from a Family Assistant. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the Assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The Assistant may also work with parents to establish and maintain healthy relationships with other parents.

Self referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information, contact the Director at 306-425-6600.

Community Advisory Networks

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-2422.

Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves the development of monitoring process for social impacts of various developments in northern Saskatchewan. Mamawetan Churchill River Health Region is represented on the Steering Committee by the Medical Health Officer who is the chair of the Steering Committee. Recent initiatives include the development of a northern recognition award program and a northern careers counselling initiative. These were two of the priorities identified through a strategic planning workshop in 2008.

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Health Region, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community.

CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Health Region dental program is located at the school, and MCRHR public health nurses provide immunizations and educational programs.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Sucker River, Hall Lake, Weyakwin, Sandy Bay and Pinehouse Lake. This program operates in partnership with the Lac La Ronge Indian Band Health Services, which pays for the original training and equipment. The health region, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the health region, Flin Flon Ambulance staff provide ambulance services in the Creighton, Denare Beach, Deschambault Lake and Sandy Bay areas.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nation Health Services provides health care to residents of the area. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. The Mamawetan Churchill River Health Region has participated in a number of HQC initiatives including the Chronic Disease Collaborative, Quality as a Business Strategy, discharge planning and a patient experience survey.

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

Jeannie Bird Clinic - see Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Health Region is a partner in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay and Pinehouse.

Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Health Region staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health.

La Ronge and Area Fetal Alcohol Spectrum Disorder (FASD) Prevention Team

A number of partner agencies, including the health region, comprise the FASD Prevention Team in La Ronge and area with the following commitment: to empower our communities to live healthy lifestyles to prevent FASD; to empower our communities to support pregnant women in their efforts to eliminate prenatal alcohol consumption; and to provide support for those living and working with FASD. Each year, the team holds an event to mark International FASD Day on September 9.

La Ronge Emergency Medical Services (EMS)

La Ronge EMS is a privately-owned company. Through a funding agreement with the health region, La Ronge EMS staff provide ambulance services in the La Ronge area.

La Ronge Medical Clinic

A nurse practitioner, employed by the health region, works in partnership with the physicians and administrative support team at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located on La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by the Northern Medical Services division of the Department of Academic Family Medicine of the University of Saskatchewan.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Health Region collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee and National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

New North - Saskatchewan Association of Northern Communities Services Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Health Region staff collaborate with the various councils in emergency planning and in training programs for municipal workers.

NOR-MAN Regional Health Authority

The NOR-MAN Regional Health Authority is located in northern Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces. Al Rivard, a member of the Mamawetan Churchill River Regional Health Authority, also serves on the Board of the NOR-MAN RHA.

North Sask Laundry & Support Services LTD

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following health regions: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. In 2009-10, MCRRHA Board Member Louise Wiens sat on the Board of North Sask Laundry, and the region is represented on committees by staff.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the health region. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Antibiotic Resistance Partnership

The Northern Antibiotic Resistance Partnership (NARP) is comprised of a team of community members, healthcare professionals, educators and research scientists (four health regions, seven communities, five First Nations health organizations, Public Health Agency of Canada, National Laboratory of Microbiology, Saskatchewan Disease Control Laboratory) working in partnership to study antimicrobial resistant bacteria causing infections in northern communities. The Population Health Unit and Director of Primary Health Care represent the Mamawetan Churchill River Health Region on this team. Some of the initiatives include a social marketing campaign and curriculum components for schools.

Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band), enabling them to better meet the health needs of their communities. The Mamawetan Churchill River Health Region collaborates with NITHA in initiatives such as the Northern Health Strategy, Northern Pandemic Forum and Northern Antibiotic Resistance Partnership.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee (NHACPC). The goal of the NHACPC is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for the Public Health Act, such as environmental health and communicable disease monitoring.

Northern Health Strategy

The Northern Health Strategy works towards addressing some of the challenges faced by health organizations in Northern Saskatchewan. These include jurisdictional complexities in service delivery; diseconomies of scale; human resource issues (recruitment and retention difficulties); geographic dispersion, small population, and small community size (often remote/isolated). The Mamawetan Churchill River Health Region is the accountable partner with respect to federal and provincial funding. The Chief Executive Officer of the health region co-chairs the Northern Health Strategy Working Group.

Northern Healthy Communities Partnership

The Northern Health Communities Partnership (NHCP) evolved from the Northern Diabetes Coalition. As part of a north-wide population health promotion strategy, NHCP has

representation from a variety of sectors (education divisions, recreation, etc.) throughout the North, including the Mamawetan Churchill River Health Region. Currently, NHCP initiatives are led by the Active Communities Team, the Healthy Eating Team, and a Literacy Advisory Committee responsible for the *Babies, Books and Bonding* program. NHCP is also a vehicle for networking on other health promotion initiatives related to substance abuse and mental well-being.

Northern Human Services Partnership

The Northern Human Services Partnership's mandate is to "provide a forum for the planning and delivery of integrated human services for Northern people". Membership is open to anyone that is interested; the Executive is formed by members of provincial ministries, non-profit organizations, and third-party organizations. First Nations and federal agencies are also part of the membership. The work is determined by both the membership and by provincial government. Examples of provincial work would be the work done to develop and implement Cognitive Disabilities Strategy in La Ronge and area, and the adjudication of grants that result in the dissemination of almost $.5 million in provincial grants each fiscal year. The Community Reference Panels are an example of northern-identified work that the Partnership participates in with other stakeholders. In 2009-10, Ron Woytowich represented the Mamawetan Churchill River Regional Health Authority. Region staff also participate. For further information, contact the coordinator, Karen Eckhart, by calling 306-425-6640.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Health Region participates in the Northern Health Sector Training Sub-Committee.

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs. A Sexual Wellness Coordinator works in partnership with the teachers in La Ronge to offer education, information and skills training to students about all aspects of human sexuality.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the three northern health authorities including Mamawetan Churchill River Health Region (through the Medical Health Officer) to facilitate assessment and monitoring initiatives of uranium mines as well as to support Northern Environmental Quality Committees.

Northern Pandemic Forum

The Mamawetan Churchill River Health Region participates in the Northern Pandemic Forum, along with the Saskatoon Health Region, Prince Albert Parkland Health Region, Prairie North Health Region, Kelsey Trail Health Region, Athabasca Health Region, Keewatin Yatthé Health Region, Heartland Health Region, Northern Inter-Tribal Health Authority, and representatives from First Nations & Inuit Health. The purpose is to allow for collaborative planning and mutual support in preparation for a pandemic influenza.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Health Region collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides training space at the La Ronge Health Centre and practicum work placements.

Nursing Education Program of Saskatchewan (NEPS)

NEPS is a partnership of SIAST's Nursing Division, the University of Saskatchewan's College of Nursing and the First Nations University of Canada, Northern Campus. The Mamawetan Churchill River Health Region provides opportunities for clinical practicum placements for nursing students.

Other Health Regions/Service Providers

In alphabetical order, here is a list of other health regions and other health service providers in Saskatchewan:

- Athabasca Health Authority
- Cypress Health Region
- Five Hills Health Region
- Heartland Health Region
- Keewatin Yatthé Health Region
- Kelsey Trail Health Region
- Prairie North Health Region
- Prince Albert Parkland Health Region
- Regina Qu'Appelle Health Region
- Saskatchewan Cancer Agency
- Saskatoon Health Region
- Sun Country Health Region
- Sunrise Health Region

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area.

Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Pinehouse Interagency Committee

The Mamawetan Churchill River Health Region is one of almost 25 groups that make up the Pinehouse Interagency Committee. The committee members work together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Health Region works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts an annual Breastfeeding Walk, several prenatal gatherings, and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.

Saskatchewan Ministry of Environment

Mamawetan Churchill River Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food and joint training for municipal workers.

Saskatchewan Ministry of Health

The health region works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Organization of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies. It provides its more than 150 members with leadership, services and a common voice. In 2009-10, Joe Hordyski represented MCRRHA on the SAHO Board.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchases and maintains a Handivan for the use of Health Region homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas: Meals on Wheels, Friendly Visiting, Dial-a-friend, Activities, Wellness Clinics, Transportation, Palliative Care and a Phoning Tree. Volunteers may read and record the local newspaper or bake for various functions. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.